

***United States Court of Appeals
for the Second Circuit***



**APPELLANT'S
BRIEF &
APPENDIX**

74-2061

Find and Appeal

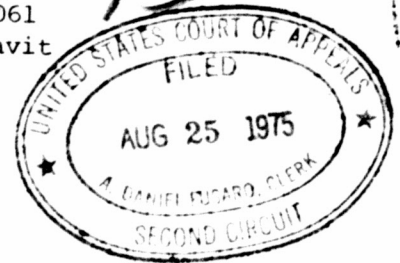
57 West 105 Street #1D
New York, N.Y. 10025

August 19, 1975

United States Court of Appeals
Second Circuit
United States Court House
Foley Square
New York, N.Y. 10007

Docket No. 74.2061
Notice of Affidavit

JAMES PICKENS VS. STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD



To Whom This May Concern:

I am appealing for justice. I am appealing for my human rights as a poor man.

After I received a letter from Attorney Gene Mechanic from the Attorney General's Office dated February 5, 1974, stated: The Court lacks jurisdiction over the subject matter of the complaint, I am sending a copy of letter dated May 10th, 1974 from Mr. Alan Levine. Law Clerk to Judge Gagliardi I did answer that letter within 20 days. I made made my appeal to Albany, New York. These cases still haven't been back before the panel of W.C.B.

I am appealing because the low court refused to give me a hearing. I appeal these cases, 6/24/74 sending two copies one notice of appeals, the other one civil appeal pre-argument statement. On this I ask for a jury trial. Now, I am appealing for a jury trial. I thought this was straightened out before I paid my \$50.00

I'm sending copy of this letter dated 7/8/75 and other copies to Mr. Alan Levine, law clerk to Judge Gagliardi. Sending all parties registered mail, return receipt requested.

Yours truly,

James Pickens
James Pickens

STATE OF NEW YORK, *New York*
COUNTY OF NEW YORK, *New York*
SWORN TO BEFORE ME THIS
19 DAY OF AUGUST, 1975

Charles E. Walker
CHARLES E. WALKER
NOTARY PUBLIC, State of New York
No. 30-4130429
Qualified in New York County
Commission Expires March 30, 1977

PAGINATION AS IN ORIGINAL COPY

HD SE
6/23/75
74-2061

UNITED STATES COURT OF APPEALS

Second Circuit

Docket no 74,2061

At a Stated Term of the United States Court of Appeals, in and for the Second Circuit, held at the United States Court House, in the City of New York, on the twenty-seventh day of June, one thousand nine hundred and seventy-five.

James Pickens,

Appellant,

v.

Workmen's Compensation Board,

Appellee.

Appellant

A motion having been made herein by ~~ELMER~~ pro se for ~~reinstatement~~
~~of the United States for~~ ~~reinstatement~~

Upon consideration thereof, it is

Ordered that said motion be and it hereby is granted on condition appellant serves and files his brief within 60 days from the date hereof.

William H. Sullivan

Tom C. Clark, Sup. Ct., Ret.
Walter R. Mansfield, U.S. Ct.
William H. Sullivan, Circuit

57 West 105 Street #1D
New York, New York 10025

August 7, 1975

United States Court of Appeals
Second Circuit
United States Court House
Foley Square
New York, New York 10007

Docket No. 74.2061-
James Pickens VS State of New York
Workmen's Compensation Board
Cases No. 06733623 and No. 06949981
Notice of Filing Brief.

Attention Honorable William H. Mulligan, Circuit Judge

Sir:

I am appealing to bring a law suit against the State of New York, Workmen's Compensation Board. My charges are liable, negligence and discrimination. I am appealing for two hundred-fifty thousand dollars law suit plus court costs and attorney fees. Or I will take a settlement according to my Union 32B plan or Agreement.

This is my final decision. If I am not satisfied with the United States Court of Appeals Decision, I will appeal to the Appellate Division of the Supreme Court, Albany, New York.

On May 22, 1975 I talked with Ms. Franks, Secretary of Mr. John Sweeney, Secretary/Treasurer of 1 East 35th Street, New York City, Local Union 32B Office. Ms. Franks called A-Beta Maintenance Company of 507 5th Avenue, New York City, my ex-boss. She talked with Mr. Carl Braine who stated that he paid the State Insurance Fund 199 Church Street, New York City 10007, for my Union 32B Agreement.

I requested to appeal these cases to the State of New York Albany Supreme Court Appellate Division, Third Department. In a letter, dated March 22, 1974 from Workmen's Compensation Board, 2 World Trade Center, New York City 10047, letter stated cases would have to go before the panel, before I could appeal to Albany, New York. This has been over 16 months.

I am sending two copies, Board order of Restoral, dated October 6, 1970, September 26, 1974. I wrote to W.C.B. dated July 21, 1975 and copies I have listed on that letter, and copies of four letters I sent to W.C.B. dated June 24, 1973, November 13, 1973 and March 27, 1974, March 21, 1975 to Chairmen, sending copies not listed.

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Case 06949981, Notice of Decision, dated March 13, 1970.
Decision case was closed, accident notice and causal relation established to back. Average weekly wage of \$115.80 established no further disability. James Pickens. The Statements say average weekly wage was \$115.80 which is wrong. My weekly was \$115.80 at times I did over-time work.

U.S. Court of Appeals, Docket No. 74-2061 Notice of Decision Dated 8/14/68; states clearly: closed without prejudice until claimant submits medical evidence with respect thereto. Claimants claim for drugs and other medicine expenses related to prostatic enlargement and back condition, (period) It stated back condition for which there is no medical evidence of causal relation to accident of 4/6/67.

Doctor Lewis Statement. Doctor Harvey Lewis, 940 Park Avenue, New York City, stated in his report February 8, 1972 the patient has had two cases. both of them are open. His first case was a hernia followed by prostatic enlargement. This was on April 6, 1967.

Doctor Lewis stated that injuries are causally related to their respective dates of accident. These decisions should have been in W.C.B. Albany, New York.

My Union 32B agreement book states on page 26, Workmens Compensation is the payment of Weekly cash benefits and provision of all necessary medical care for a worker who is disabled from accidental injury of occupation disease incurred in the course of employment; it stated all Local 32B members are covered by the Workmen's Compensation Law of the State of New York which entitles them to two-thirds (2/3) of the wages lost because of disability Page 28 states if you are injured on your job or develop an occupational sickness or disability while employed.

My application was filed March 14, 1974 for both cases to be reopened plus my Union 32B agreement. not August 22, 1974 I have copies of letters I sent to W.C.B. appealing for compensation pay from times due me from surgery May 31, 1970 not disability from June 7, 1970 to September 1, 1970. W.C.B. Booklet stated, no compensation is payable for the first seven (7) days unless disability exceeds 14 days. Necessary medical care is provided regardless of the length of disability. This means no waiting time after 14 days.

The Review Board at W.C.B. has refused to acknowledge Mr. Charles E. Lucarini's letter dated March 22, 1974. According to a letter from W.C.B. dated March 26, 1973. I should be getting paid for my back trouble. I don't get no money at all from from Workmen's Compensation. They do have the medical report. I get SSI check from Federal Government for disability.

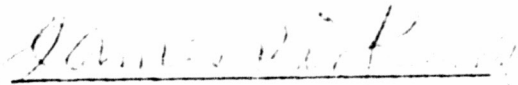
-3-

I stated in my letter May 23, 1975, I would have trial lawyer, one I had in mind wanted more money than I can afford. My reason for not going back to Doctor Lewis, 940 Park Avenue, He was going to give me back treatment only.

I will send a copy of this letter to Mr. Albert D'Antoni, Chairman of Workmen's Compensation Board, 2 World Trade Center, New York City 10047, W.C.B. have all copies I am sending to U.S. Court of Appeals. Sending both parties by registered mail, return receipt requested.

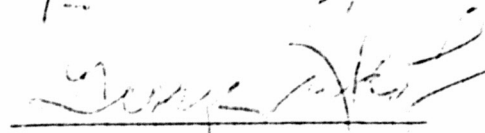
P.S.: No answer from the letter dated July 21, 1975 to Chairman of W.C.B.

Yours truly,


James Pickens

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss

Sworn to before me on this
7th day of August 1975



GEORGE J. [illegible]
Notary Public, State of New York
No. [illegible]
Qualified in [illegible] County
Commission Expires March 30, 1976

NOTICE OF DECISION

DATE OF HEARING 8/9/68	DATE OF THIS NOTICE 8/14/68
*WCB Case No. 06733623	Date of Accident 4/6/67
Carrier Case No. 7476588-37	Carrier Code 01-37
Claimant James Pickens 57 W 105th St. NYC	
Employer A. Seta Maintenance 342 Madison Ave. NYC	
L. Kanter 342 Madison Ave. NYC	
[REDACTED]	
[REDACTED]	

CLAIMANT

READ IMPORTANT INFORMATION
ON REVERSE SIDE.

If case was "Continued" and continuing payment was directed, it shall be made at the rate for the period stated and shall be continued thereafter until the employer or carrier has medical or payroll evidence of a change of condition and gives notice thereof to the Chairman, Workmen's Compensation Board, unless otherwise provided in the decision. A further hearing will be held in a "continued" case to determine the extent of further disability, if any.

After hearing on date stated above the following Decision and Award was made and duly filed this day.

Some night I cannot sleep from back
James Pickens
 CLAIMANT

AWARD THE EMPLOYER AND/OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT THE				TO
for disability over a period of	at rate	the sum of		
weeks from to	per Week			
as lien on award payable by separate check by carrier to CLAIMANT'S REPRESENTATIVE OR ATTORNEY				
fee to DOCTOR for attendance at hearing				

CLAIMANT

less payments made covering this period.

DECISION: Case was Closed without prejudice until claimant submits medical evidence with respect thereto. Claimants claim for drugs and other medical expenses related to a prostatic enlargement and back condition. back condition for which there is no medical evidence of causal relation to accident of 4/6/67.

*If the WCB Case No. is preceded by "F," this decision is made under the Volunteer Firemen's Benefit Law, and the liable political subdivision is deemed to be the "Employer" of the volunteer fireman. In all other cases, this decision is made under the Workmen's Compensation Law.

C-23 (3-67)



SE Senior
 Chairman



S. E. SENIOR
CHAIRMAN

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
DISABILITY BENEFITS BUREAU
1949 NORTH BROADWAY
ALBANY, N. Y. 12204

NOTICE OF REJECTION OF CLAIM FOR DISABILITY BENEFITS
(Special Fund for Disability Benefits)

Date: July 30, 1970

James A. Pickens
57 West 105th Street
New York, New York 10025.

Claimant's SS No.: 261-10-9790

You are hereby notified that your claim for Disability Benefits is rejected under the Disability Benefits Law for the reason(s) checked below:

- ☐ 1. Your claim was not filed within 26 weeks after the date your disability commenced.
- ☐ 2. Your claim was not filed within 20 days after the date your disability commenced.
- ☐ A. No benefits payable.
- ☐ B. Payments are being made beginning two weeks prior to the date your claim was filed.
- ☐ 3. Benefits from the Special Fund are provided for the unemployed who become disabled while claiming Unemployment Insurance. Since you were not claiming and/or receiving Unemployment Insurance immediately prior to your disability, as required by law, you are not entitled to benefits from the Special Fund.

First day of disability

Date claim filed

IF YOU CONTEST THE REJECTION OF YOUR CLAIM FOR THIS REASON, FORWARD TO US YOUR UNEMPLOYMENT INSURANCE BOOKLET (FORM LO-318) WHICH MAY SERVE AS OFFICIAL EVIDENCE THAT YOU WERE CLAIMING OR RECEIVING UNEMPLOYMENT INSURANCE BENEFITS. THIS BOOKLET WILL BE RETURNED TO YOU PROMPTLY.

- ☐ 4. Your disability commenced more than 26 weeks after termination of your employment with your last covered employer.
- ☐ 5. You have not complied with our requests for information necessary to process your claim.
- ☐ 6. The medical reports on file do not indicate you were totally disabled beyond the date you have already been paid Disability Benefits. Your claim is, therefore, rejected for the period beyond _____
- ☒ 7. Other:

Disability Benefits are not payable for any injury arising out of and in the course of employment. Since your disability is one which arose out of and in the course of employment, you should file the enclosed Form C-3 in accordance with the instructions which appear thereon.

It is noted in the Workmen's Compensation Board Notice of Decision dated 8/14/68 you were requested to submit medical evidence of disability. There is no medical statement with the claim you filed with this office.

FILL IN REVERSE SIDE OF THIS FORM IF YOU CONTEST THIS REJECTION OF YOUR CLAIM.

WORKMEN'S COMPENSATION BOARD

PLACE OF HEARING		PART	DATE OF HEARING	TIME
50 Park Place New York, N. Y.		16	1-18-71	9:15 <i>NEW YORK</i> <i>Aug. 11, '70</i>
Social Security No. 261-10-9790	Date of Rejection		DATE OF THIS NOTICE 12-31-70 PH	
Carrier Code	Carrier File No.		↑ ↑	
Claimant James A. Pickons 57 W. 105th Street New York, New York 10025				
Employer A. Beta Maintenance Company 507 Fifth Avenue New York, New York				
Carrier Special Fund for Disability Benefits				

NOTICE OF HEARING

DISABILITY BENEFITS

CLAIMANT AND CARRIER SHOULD BE PRESENT AT HEARING AND PRODUCE NECESSARY EVIDENCE INDICATED BELOW, OTHERWISE, THE REFEREE MAY MAKE HIS DECISION BASED ON EVIDENCE IN THE FILE

CLAIMANT

BRING THIS NOTICE WITH YOU. READ THE INFORMATION ON THE REVERSE SIDE. IT IS IMPORTANT.

Workmen's Compensation Case Number appear as reference.

06949981
067 33623

to

PURPOSE OF HEARING

Special Fund rejection on the grounds that the disability arose out of and in the course of employment.

EVIDENCE TO BE PRODUCED

BY CLAIMANT

Claimant produce Unemployment Insurance Book and Medical report for entire period claim due to operation.

BY CARRIER

SE Senior

Chairman

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD

Corrected copy
sent 3-16-71 PH

PLACE OF HEARING		PART	DATE OF HEARING	TIME
50 Park Place New York, N. Y.		16.	3-26-71	11:30
Social Security No. 261-10-9790	Date of Rejection		DATE OF THIS NOTICE 3-16-71 PH	
Carrier Code	Carrier File No.			
Claimant James A. Pickens 57 West 105th Street New York, N. Y. 10025				
Employer A. Beta Maintenance Co. 507 - 5th Avenue New York, N. Y.				
Carrier Special Fund for Disability Benefits				

NOTICE OF HEARING

DISABILITY BENEFITS

CLAIMANT AND CARRIER SHOULD BE PRESENT AT HEARING AND PRODUCE NECESSARY EVIDENCE INDICATED BELOW. OTHERWISE, THE REFEREE MAY MAKE HIS DECISION BASED ON EVIDENCE IN THE FILE

CLAIMANT
BRING THIS NOTICE WITH YOU. READ THE INFORMATION ON THE REVERSE SIDE. IT IS IMPORTANT.

Workmen's Compensation Case No. 06949981 and 06733623
to appear as reference.

PURPOSE OF HEARING

Special Fund rejection on the grounds that the disability arose out of and in the course of employment.

EVIDENCE TO BE PRODUCED

BY CLAIMANT

BY CARRIER

SE Senior
Chairman

STATEMENT



To serve a large and important segment of our population - the working force of this State - Albert D'Antoni, Chairman of the Workmen's Compensation Board, has undertaken republication of this leaflet. It is my sincere hope that this pamphlet will help workers more easily to understand the rights provided them by an enlightened Legislature.

Since the advent of this administration in 1959, the Legislature has progressively raised the maximum weekly benefits for Workmen's Compensation from \$45 to \$95 for temporary total disability and to \$80 for other classifications of disability and in death cases. Also the Legislature joined in extending benefits to single-employee establishments generally; provision has been made for employees injured while working for non-insured employers; we are insisting upon the best in medical care and the utmost in rehabilitation for our insured workers. Safety is a matter of concern to all of us. This administration has taken many steps to assure safety for workers. We need your cooperation. It is to your advantage to think of safety and to act safely. Heed safety rules.

I do most earnestly hope that you will not get hurt. If you do, however, I want to be certain that you receive the benefits of New York State's enlightened Workmen's Compensation Law to which you are entitled. This leaflet is designed for that purpose.

MALCOLM WILSON
Governor

WHAT IS WORKMEN'S COMPENSATION?

Workmen's Compensation is weekly cash benefits and the provision of all necessary medical care to a worker who is disabled because of accidental injury arising out of and in the course of employment or because of an occupational disease and, in case of death resulting from such injury or disease, weekly cash benefits payable to his dependents.

WHO ARE COVERED?

a. Employees in employments carried on for pecuniary gain. / b. All employees of the State of New York, including volunteers accepted with the approval of the Budget Director. / c. Employees of political subdivisions of the State engaged in the "hazardous" employments enumerated in the law. / d. Public school aides. / e. Public school teachers other than those employed in a school district located in a city having a population of more than one million. / f. Employees, other than domestics, regularly employed in non-public, non-profit employment. / g. Domestic workers employed by the same employer for 40 hours per week; private and domestic chauffeurs employed in New York State. / h. Farm laborers employed on and after April 1, in any year by an employer who paid \$1200 or more in cash remuneration for farm labor in the preceding calendar year.

WHO ARE NOT COVERED?

a. Ministers, priests, rabbis, members of religious orders and sextons, teachers and non-manual employees of religious, charitable and educational institutions. / b. Municipal workers not engaged in "hazardous" employments. / c. Interstate railroad employees. / d. Seamen. / e. Persons injured in maritime employment including any longshoremen and other workers covered under the provisions of the Longshoremen's and Harbor Workers' Compensation Act. / f. Federal employees. / g. Minors 14 years of age or over engaged in baby sitting or in casual employment consisting of yard work and household chores in and about a one family owner-occupied residence, or the premises of a non-profit, non-commercial organization, not involving use of power driven machinery. / h. Persons engaged in casual employment consisting of yard work, household chores or painting in or about a one family owner-occupied residence. / i. Farm laborers employed by a farmer who, in the preceding calendar year paid less than \$1200 in cash remuneration for farm labor.

NOTE: Employers may voluntarily provide benefits for certain of these employees even though they are not required by law to do so.

EMPLOYER'S RESPONSIBILITY

required to: / a. Secure the payment of benefits by insurance or by approved self-insurance. Employers may not take any contributions toward the cost of Workmen's Compensation Insurance from an employee. / b. Post prescribed notices in conspicuous places, stating the name of the insurance company or the fact of self-insurance, and advising employees of their rights. / c. Keep a record of all injuries, fatal or otherwise, received by his employees in the course of their employment. / d. Report directly to the nearest office of the Workmen's Compensation Board every on-the-job injury to a worker which causes loss of time from regular duties beyond the working day on which the accident occurred or which requires medical treatment beyond ordinary first aid or more than two treatments by a physician or person rendering first aid or which may cause permanent defect -- including facial or head disfigurement.

DISCRIMINATION AGAINST EMPLOYEES WHO BRING PROCEEDINGS

It is unlawful for an employer or his duly authorized agent to discharge or in any other manner discriminate against an employee as to his employment because he has (a) claimed or attempted to claim compensation from such employer, or (b) he has testified or is about to testify in a workmen's compensation proceeding. An employer, who violates this law, is liable for a penalty of not less than \$100 or more than \$500 to be determined by the Board.

FEDERAL DISABILITY INSURANCE BENEFITS

A seriously disabled worker may be entitled to the payment of monthly Social Security benefits, provided he is covered under the Federal Social Security Act. / For additional information about these Federal Disability Insurance Benefits, write or call the nearest Field Office of the Social Security Administration.

EMPLOYEE'S RESPONSIBILITY / a. Notify foreman or supervisor in writing of the injury. The worker must give this notice of the accident within 30 days after it occurs, or within 90 days after disablement in the case of an occupational disease. / b. Send claim on Form C-3 to nearest office of the Workmen's Compensation Board as soon as possible. Claim must be filed within 2 years from the date of the accident or from the date of disablement from an occupational disease. Forms may be obtained from any office of the Workmen's Compensation Board.

WHO PAYS THE BENEFITS? The employer or his workmen's compensation insurance company pays all benefits including bills for medical, osteopathic, dental, podiatry and chiropractic care. If cash benefits are

payable, the first payment must be made within 10 days after disability commences or within 10 days after the employer has knowledge of the injury, whichever is later, and they will be made every two weeks thereafter for an established claim. In an disputed claim, pending determination of entitlement to workmen's compensation benefits, an injured worker may have the right to receive certain benefits under provisions of the Disability Benefits Law, provided the compensation claim is being questioned on the ground the disability is not the result of an on-the-job injury. If these benefits are payable, they will be made directly by the employer or his disability benefits insurance company, but will be deducted from any compensation subsequently awarded.

NOTE: Chiropractic care does not become effective until May 1, 1974.

AMOUNT OF WEEKLY BENEFITS Weekly cash benefits for total disability equal two-thirds (2/3) of the wages lost because of the disability (based on the average weekly wages during the year just before the injury), but the maximum benefits are \$95 per week for temporary total disability and \$80 for other classifications of disability. Cash benefits for partial disability may be paid, depending on the degree of disability which exists, subject to a minimum of \$30 per week for temporary total disability and \$20 per week for other classifications of disability, and payment of full wage loss if less than either sum. No compensation is payable for the first seven days unless disability exceeds 14 days. Necessary medical care is provided regardless of the length of disability.

TOTAL BENEFITS / a. There is no maximum on the aggregate amount of benefits to workers who are permanently totally disabled. / b. Accidents or disease causing permanent injury to eyesight or hearing, or resulting in permanent serious facial, head or neck disfigurement or in the loss or loss of use of fingers, toes, arms, hands, legs or feet, entitle the worker to certain "schedule" or disfigurement benefits related to a set of values fixed by law. / c. For other permanent partial disabilities, weekly reduced earnings benefits are paid during the period of disability. / d. Accidental injuries occurring on or after July 1, 1970 that result in the loss or loss of use of 50% or more of arm, leg, hand or foot may be subject to provisions for further benefit for impaired earning capacity after the schedule award has been paid.

SUPPLEMENTAL BENEFITS Effective July 1, 1973 may be payable, to widows whose husbands died before July 1, 1965 and to permanently, totally disabled workers whose accidents occurred before July 1, 1965. The new maximum rates for these cases will be \$60 a week for the disabled worker and \$36 a week for the widow. (Inquiry concerning such sup-

STATEMENT

The Workmen's Compensation Board of the State of New York has printed this leaflet so that the workers of this State may very clearly understand rights provided them by an enlightened Legislature.

The Disability Benefits Law supplements the benefits provided by the Workmen's Compensation Law, which gives aid to those injured on the job. The Disability Benefits Law provides for those injured or disabled off the job.

The Legislature, at the request of Governor Nelson A. Rockefeller, has raised the maximum weekly payment under the Disability Benefits Law, to \$75.

Your New York State government is especially concerned with promoting the health and safety of the men and women who make up our labor force. We need your cooperation.

It is to your great advantage to stay well and avoid accidents. Think often of safety, act safely, heed safety rules.

We most earnestly hope you will stay well. If, however, you become ill or get hurt off the job, we want to be certain that you know of our Disability Benefits Law and receive the benefits to which you are entitled. That is the purpose of this leaflet.



QUESTIONS AND ANSWERS

Q What are "Disability Benefits"?

A DISABILITY BENEFITS are temporary cash benefits payable to an eligible wage earner when he is disabled by an OFF-THE-JOB injury or illness.

Supplementing the Workmen's Compensation Law, the Disability Benefits Law insures protection for wage earners by providing for weekly cash benefits to replace, in part, wages lost because of injuries or illnesses that do not arise out of and in the course of employment.

Disability Benefits are also provided to an unemployed claimant to replace Unemployment Insurance benefits lost because of illness or injury.

Q Am I eligible for Disability Benefits?

A You are eligible if you are working or have recently worked for a "covered" employer for at least four weeks. There are, however, some exceptions. The law EX-

CLUDES certain categories of employees as follows:

Spouse or minor child of the employer;

Government, railroad, maritime or farm workers;

Ministers, priests, rabbis, members of religious orders, sextons, Christian Science readers;

Persons engaged in a professional or teaching capacity in or for a religious, charitable or educational institution of a "non-profit" character, and persons receiving rehabilitation services in a sheltered workshop operated by such institutions under a certificate issued by the U. S. Department of Labor;

Persons receiving aid from a religious, charitable or educational institution, who perform work in return for such aid;

Golf caddies;

Daytime students in elementary or secondary school, who work during the school year or their regular vacation period.

Q Who is a "covered" employer?

A An employer of one or more persons on each of 30 days in any calendar year becomes a "covered" employer four weeks after the 30th day of such employment.

However, an employer of personal or domestic employees in a private home only becomes a "covered" employer four weeks following the 30th day of employment of four such workers in any calendar year.

An employer who is not a "covered" employer may nevertheless elect to provide benefits to his employees

ANSWERS ABOUT THE DISABILITY BENEFITS LAW

by filing an Application for Voluntary Coverage with the Chairman, Workmen's Compensation Board.

Q Will I lose eligibility if I change my job or if I am unemployed?

A No. If you change from a job with one "covered" employer to a job with another "covered" employer you are protected from the first day on the new job. If you change to a job in an exempt employment or with a non-"covered" employer, and work in such employment for more than 5 calendar days, you lose protection until you again work four weeks for a "covered" employer. Generally, you do not lose protection during the first 26 weeks of unemployment, provided you are eligible for and are claiming unemployment insurance benefits.

Q Who pays the cost of Disability Benefits?

A Disability Benefits are paid for in one of two ways:

1. Jointly by employer and employee.
2. Entirely by employer.

Where the employer is providing statutory Disability Benefits, you (the employee) may be required to contribute $\frac{1}{2}$ of 1% of the first \$60 of weekly wages, but not more than 30¢ per week.

Where an employee has more than one job at the same time, and his combined wages exceed \$60 per week, he may request each employer to adjust his contributions in proportion to his earnings with each employer, so that his total contributions do not exceed 30¢ per week. The request should be made as soon as the employee enters his second employment.

Where an employer is providing benefits under his own Disability Benefits Plan or one negotiated by agreement and which has been accepted by the Chairman, Workmen's Compensation Board, as meeting the requirements of the Disability Benefits Law, the employer may pay the entire cost. There are some accepted plans under which employees are required to contribute more than 30¢ per week but only by agreement and provided the employee contributions are reasonably related to the value of the benefits.

Under any arrangement in which employees are required to contribute, the employer must add his own contribution to make up the balance of the cost of the insurance.

Q Who will pay my claim if disability begins while unemployed?

A If your disability begins while employed or during the first four weeks of unemployment, your claim will be

paid by your employer or his insurance company, if you are eligible.

If your disability begins after the first four weeks of unemployment, your claim will be paid by the Special Fund administered by the Chairman, Workmen's Compensation Board, if you are eligible.

Q How much will I be entitled to collect?

A If your employer has his own Disability Benefits Plan or one based on an agreement which has been accepted by the Chairman, Workmen's Compensation Board, then you are entitled to benefits provided by the accepted Plan.

Where "plan" benefits are not provided, you will be entitled to receive statutory benefits, as follows:

1. Cash benefits are 50% of average weekly wages (based on your last 8 weeks of employment) with a maximum benefit of \$75 per week.
2. Benefits are payable for a maximum of 26 weeks of disability during 52 consecutive weeks.
3. For employed workers the first seven days of disability are a waiting period for which no benefits are paid. Benefit rights begin on the eighth consecutive day of disability.

For unemployed workers, who become disabled more than four weeks, but within 26 weeks, after termination of employment and while receiving Unemployment Insurance, benefits are paid from the first day of disability which disqualified them for Unemployment Insurance benefits, at a rate and for the duration indicated in paragraphs (1) and (2) above.

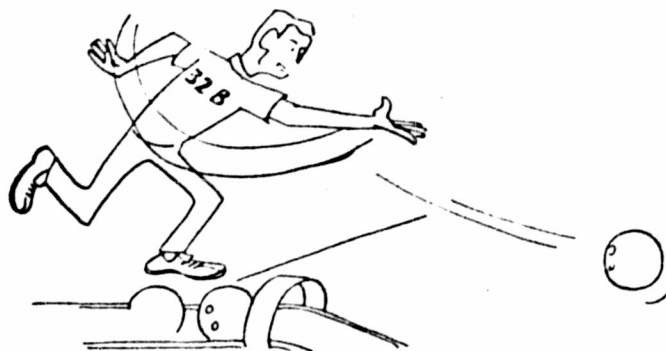
Q Are the costs of medical care included?

A Costs of medical care are not included under the statutory provisions of the Disability Benefits Law. However, where an employer or a union or an association "plan" has been accepted as complying with the Disability Benefits Law, the worker is entitled to the benefits as described in the plan. Many such plans include hospital, surgical and medical care benefits.

Q How can I find out, quickly, how much I am entitled to collect?

A Your employer is required to post at your place of employment a Notice of Compliance. It specifies the type of benefits to which you are entitled—statutory, as previously described, or "plan" benefits. If you are entitled to "plan" benefits, a description of these benefits may be obtained from your employer.

become one of the most respected amateur groups in the United States. The League participates in the American Bowling Congress, the New York State tournaments and many other popular bowling contests during the year. The



League meets at the National Recreation Bowling Alleys, 23rd Street and Eighth Avenue, New York City. Members interested in joining should contact their business agents.

Workmen's Compensation

Workmen's Compensation is the payment of weekly cash benefits and the provision of all necessary medical care for a worker who is disabled because of accidental injury or occupational disease incurred in the course of employment and, in the case of death resulting from such injury or disease, the payment of weekly cash benefits to his dependents.

All Local 32B members are covered by the Workmen's Compensation Law of the State of New York, which entitles them to two-thirds ($2/3$) of the wages lost because of

their disability. The figure is based on the average weekly wages earned during the year just before the accident or disease. The maximum benefits are \$95 a week for total disability and \$80 a week for partial. However, no compensation is payable for the first seven days unless disability exceeds 14 days, in which case compensation is payable from the first day of disability.

In addition, workers who are forced to work at lower wages or suffer injured eyesight or hearing, serious facial scars, or any permanent injury or stiffness of the fingers, hand, toe, foot, leg or arm are entitled to appropriate compensation.

Workmen's Compensation provides for the following medical care for the injured worker as long as the injury and process of recovery require:

1. Medical, surgical and hospital care.
2. X-rays and laboratory tests.
3. Nursing service if and when it is authorized.
4. Prescribed drugs.
5. Medical or surgical appliances required by the work injury and the repair or replacement of such when necessary.

If you utilize any of the above you should secure a bill for the expense involved and present it to your employer or his insurance carrier for payment. If payment is refused, the bill should be sent to the Workmen's Compensation Board with a statement of the fact that payment has been refused by the employer or his carrier.

In addition, a worker may choose any doctor from the 27,000 physicians authorized to render medical care under the Workmen's Compensation Law. *No employer can tell the worker which doctor he must go to for treatment.* However, if a worker is unable to select a doctor, or if he does not desire to do so, he should advise his employer of this in writing. The employer is then obliged to provide the necessary medical attention.

If a worker should die from a compensable injury his dependents (widow and children under 18) are entitled to receive weekly cash benefits based on a percentage of the decedent's wages. The amount may be up to \$43.00 a week to a widow who is the sole survivor and up to a maximum of \$36.00 a week for a child. However, combined benefits to a widow and all children are limited to \$30.00 per week. In addition, funeral expenses not exceeding \$750.00 will be paid.

If you are injured on your job or develop an occupational sickness or disability while employed, you are advised to do the following:



the law requires only those employer who have one or more employees working for them to carry disability insurance. However, Local 32B requires every employer to carry the insurance. In addition, the Union requires the employer to pay the entire cost. Members do not contribute any part of their wages to provide this coverage.

1) Notify your employer or superintendent at once of your accident no matter how slight it is.

2) You should secure medical attention promptly from a physician authorized by the chairman of the Workmen's Compensation Board to treat Workmen's Compensation injuries.

3) Secure Workmen's Compensation claim form C-3 from the Workmen's Compensation Board, 50 Park Place, New York 7. You can write for these forms or obtain them by telephoning 433-2020. When you have secured this form fill it out as soon as possible and return it to the Workmen's Compensation Board. This must be done in order to make certain that your accident is recorded at the board. If this is not done within two years after the date the accident occurred you may lose your right to compensation.

4) Be sure to attend the hearings on your case when you are notified by the Workmen's Compensation Board.

If, for any reason the Workmen's Compensation Board referee should not approve your claim, you may apply to the Compensation Board for review. This application for review must be submitted within 30 days after the referee's decision.

If the application for review is granted, a panel of three board members reviews the claim and renders a decision. If there is a question of law involved a further appeal may be taken to the Appellate Division of the Supreme Court.

For further information about Workmen's Compensation write to the Workmen's Compensation Board, 50 Park Place, New York, New York 10007, or Telephone 433-2020.



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
50 PARK PLACE
NEW YORK, N.Y. 10007

S. E. SENIOR
CHAIRMAN

CATHERINE C. HAFELE
SECRETARY

July 7, 1971

SS # 261-10-9790
(WCB Nos. 0694 9981 and 0673 3623
James A. Pickens vs. A. Beta Maintenance Co.

Mr. James A. Pickens
57 West 105th Street
New York, N.Y. 10025

Dear Mr. Pickens:

Your recent letter to Honorable Nelson A. Rockefeller, Governor of the State of New York and attachments, concerning your disability benefits claim were referred to me for attention and reply.

Our records indicate that your claim for disability benefits was rejected on the basis that your injury arose out of and in the course of employment. In view of the objections raised to such rejection the matter was scheduled for a Referee hearing on the issue raised and at the last hearing held June 9, 1971, the case was adjourned.

Please be advised that a hearing has now been scheduled for July 9, 1971 and at such hearing you and your attorneys will be afforded an opportunity of presenting your arguments and evidence.

Very truly yours,

Catherine C. Hafele

Catherine C. Hafele
Secretary

57 West 105th Street
New York, N.Y. 10025

July 21, 1975

Mr. Albert D'Antoni, Chairman
Workmen's Compensation Board
2 World Trade Center
New York, N.Y. 10047

Sir:

I was at a hearing March 13th, 1970 part 17 or 18, the Referee advised me to obtain an attorney.

I sent copies of letter dated June 24th, 1970, notice for a hearing dated August 26, 1970. I obtained five (5) different Workmen's Compensation attorneys. They refused to help me with notices dated July 30th, 1970, December 31st, 1970 and March 16th, 1971 letter from W.C.B. dated July 7th, 1971. These notices and letter definitely call for compensation pay.

After the attorneys refused to help with these notices, then W.C.B. told me they are old. In my opinion this decision was made on my Union 32B plan or agreement.

I talked with Miss Marion Manheimer, supervisor of social work at W.C.B. Room 3726, 2 World Trade Center, New York, N.Y. 10047. Miss Manheimer said they were not going to pay me on my Union 32B Plan. She said I could not get a hearing in supreme court appellate division, Albany New York.

My only choice is to bring a law suit against the State of New York Workmen's Compensation Board. I am sending four (4) other copies: 3 letters from W.C.B. dated December 21, 1971, March 26, 1973, March 22nd 1974, and letter I sent dated March 14, 1974 addressed to the Supreme Court, Albany, New York, sent by registered mail-return receipt requested. (sent to addressee only).

Truly yours,

James Pickens
James Pickens

STATE OF NEW YORK
COUNTY OF NEW YORK

SWORN TO BEFORE ME ON THIS 21st
DAY OF JULY, 1975

Christina Corning
Christina Corning
Notary Public, State of New York
No. 6661000
Qualified in Westchester County
Cert. filed with N.Y. Co. Clk. & Reg.
March 30, 1976



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
50 PARK PLACE
NEW YORK, N.Y. 10007

S. E. SENIOR
CHAIRMAN

CATHERINE C. HAFELE
SECRETARY

December 21, 1971

Case Nos. 06949981 - 06733623
S. S. No. 261-10-9790
James A. Pickens vs. A. Beta Maintenance Company

Mr. James A. Pickens
57 West 105th Street
Apt. 10
New York, New York 10025

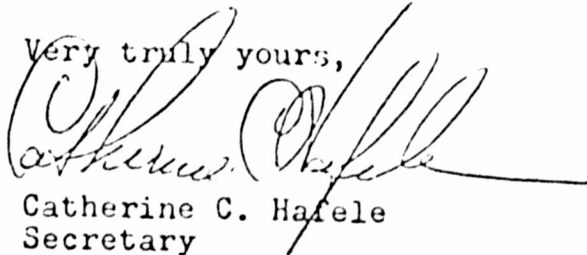
Dear Mr. Pickens:

Your Special Delivery letter to Honorable Nelson A. Rockefeller, Governor of the State of New York, dated December 9, 1971 and attachments concerning your workmen's compensation claims, have been referred to me for attention and reply.

Our records indicate that following my letter of November 3, 1971, advising you that your case was with the Board Review Bureau, both of your compensation claims were reopened and restored to the Referee calendar for consideration of the questions of further causally related disability and necessity for treatment.

Please be advised that your compensation cases will be scheduled for the earliest possible Referee calendar for consideration of the issues raised. At such hearing, you and your attorney will be afforded an opportunity to present your arguments and evidence.

Very truly yours,


Catherine C. Hafele
Secretary

James Pickens
57 West 105th Street
New York, N.Y. 10025

Re: WCB # 0673 3623
0694 9981

This will acknowledge your letter dated March 22, 1974. At the last hearing before a panel of three (3) members of the board, November 21, 1972 I mentioned my Union 32B plan, they said they would study it.

In 1971, I spoke with Mrs. Gallon who works on the Review Board concerning Notice from Disability Benefits Bureau, Albany, New York. Please be advised at my next hearing, I request a decision whether the Workmen's Compensation Board, pay me or not, according to my Union 32B plan. I am requesting to be paid from March 1971 plus the rest of my time which is due me from surgery which I underwent in 1970. I am further requesting that all my surgery bills be sent to Union 32B Welfare Fund 25 East 26 Street, New York, N.Y. and all my medical and doctor's bills be sent to me. Please take notice, I will submit some medical report. I request panel take a careful look at these reports. Also the date of these reports and return them back to me.

I will have a copy of this letter at my next hearing.

2/17/75 M.Y.C.

James Pickens

GEORGE GROSSMAN
NOTARY PUBLIC, STATE OF NEW YORK
110, 60-15000 41st Ave., M.S. Co.
OFFICE: 100-15000 41st Ave., M.S. Co.
COMM. EXPIRES: 12/31/1975

[illegible]

Workmen's Compensation Board
Part 18 - 36th floor
#2 World Trade Center
New York, New York 10047

57 West 105 Street
New York, New York 10025

November 13, 1973

Re: Case No's: 06733623 06949981

Gentlemen:

This letter is concerning my hearing on November 14, 1973. My first request is payment for all time lost due to surgery. I was admitted to St. Luke's Hospital on May 31, 1970. I was paid from June 7, 1970 to September 1, 1970, disability. I request Compensation pay and all doctor and medical bills to be paid.

Notice from W. C. B. dated July 30, 1970 states the following: Disability Benefits are not payable for any injury arising out of and in the course of employment. My Union 32B plan is in the hands of the State of New York Workmen's Compensation Board. Dr. Lewis of 940 Park Avenue, stated in his report that I suffered a hernia followed by prostatic enlargement. He stated that these injuries are related to their respective dates of accident. Dates were April 6, 1967 and June 12, 1969.

On June 19, 1972 at a hearing before the Referee, I submitted two X-ray reports from St. Luke's Hospital. One report showed a small sliding hiatus hernia, pseudo diverticulum of the duodenal bulb from previous peptic disease. The other X-ray was concerning my back. These reports are medical evidence. I was examined by Dr. Lewis on January 26, 1972. These X-rays were taken on February 16, 1972. Dr. Lewis stated in his report, that my hernia seemed to be well healed. A hernia well healed and a hernia in the body are two different things. St. Luke's Hospital said in 1970 that I would always have the hernia in my body.

I request that I receive all back pay, for the past three and one half years, all notices, stated further consideration or something similar. Claim: Heart, back, stomach and arthritis trouble. Also lite prostatic pain at time.

I have some copies of reports and notices. Copies of this letter will be made. I will submit this letter on November 14, 1973 to referee for my record.

Respectfully yours,

James Pickens
James Pickens

2/1/75 N.Y.C.

RECEIVED
WORKMEN'S COMPENSATION BOARD
NOV 14 1973
NEW YORK, N.Y.

George J. Pickens

PATRIC *Or 610*

PICKENS JAMES
 57-97-85 M 01/28/14
 3136120-1

WEEK	DATE	TIME	ENTER TIME IF NOT LISTED BELOW
THURS	FRI.	1:30 PM	1:50 PM
		2:10 PM	2:30 PM
		2:50 PM	3:10 PM

Aug 29
Zickel

LITTON A65 165759A 493

PICKENS JAMES
 57-97-85 M 01/28/14
 3136120-1

Medicine

WEEK	DATE	TIME	ENTER TIME IF NOT LISTED BELOW
THURS	FRI.	9:00 AM	9:15 AM
		9:30 AM	9:45 AM
		10:00 AM	10:15 AM
		10:30 AM	10:45 AM
		11:00 AM	11:15 AM

Sept 22
Goldstein

LITTON A65 165759A 493

FORM W 10-43
 2MM - 924073 (75)
 HUMAN RESOURCES ADMINISTRATION

MEDICAID—Prescription/Order Invoice

P 430037

IDENT. NO. **31361201** NAME - LAST ONLY **PICKENS**
 FIRST NAME **JAMES** SEX **M** LAST NAME **PICKENS** BIRTH DATE **01/28/14**
 ADDRESS **57 W. 105 ST** ZIP **10027** PHONE **72875**
 NAME **Licciardi M.D.** CITY **ST. LUKE'S HOSPITAL CENTER** ZIP
 ADDRESS **ST. LUKE'S HOSPITAL CENTER** CITY **NEW YORK** ZIP
 CERT. # **44-08501-0** PRESC. #

Darvon 65 mg.
No col
Sig 7 prn

PHARMACY IS CLOSED
MAY BE FILLED OUTSIDE

DATE	# UNITS	FORMULARY CODE	AMOUNT	ALLOTMENT

PRESCRIBER: Please note the following: GIC items will be filed to the next largest size in accordance with formulary regulations. The prescriber's signature must appear in the appropriate box for this prescription to be valid.

GENERAL EQUIV. MAY BE DISPENSED ☒ GENERAL EQUIV. MAY NOT BE DISPENSED ☐

DOCTOR'S SIGNATURE *Licciardi M.D.* DOCTOR'S SIGNATURE

NAME	TOT	DATE

PHARMACY ADDRESS: CITY ZIP PHONE DATE

CERT. #

CERTIFICATION: I HEREBY CERTIFY THAT THE ITEMS CHARGED FOR ABOVE WERE FURNISHED TO THE PATIENT NAMED AND THAT NO PART OF THIS INVOICE HAS BEEN PREVIOUSLY PAID DATE

WORKMEN'S COMPENSATION BOARD

NOTICE OF DECISION

CLAIMANT

READ IMPORTANT INFORMATION
ON REVERSE SIDE.

If case was "Continued" and continuing payment was directed, it shall be made at the rate for the period stated and shall be continued thereafter until the employer or carrier has medical or payroll evidence of a change of condition and gives notice thereof to the Chairman, Workmen's Compensation Board, unless otherwise provided in the decision. A further hearing will be held in a "continued" case to determine the extent of further disability, if any.

DATE OF HEARING	DATE OF THIS NOTICE
3 11 70	3 13 70 1M
*WCB Case No. 06949981	Date of Accident 6 12 69
Carrier Case No. 0190088-24	Carrier Code 01 24
Claimant JAMES A. PICKENS 57 W. 105TH ST., APT. 1D NYC 10025	
Employer BETA BLDG. MAINT. CO. INC. A. BETA BLDG. MAINT. CO. INC. 82 342 MADISON AVE. NYC	

After hearing on date stated above the following Decision and Award was made and duly filed this day.

AWARD: THE EMPLOYER AND/OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE

for disability over a period of			at rate per Week	the sum of	TO:
weeks	from	to			
10	6 12 69	3 12 70	\$ 77.20	\$ 772.00	CLAIMANT
	(INTERMITTENT LOSS TIME BETWEEN)				LESS PAYMENTS MADE COVERING THIS PERIOD.
as lien on award payable by separate check by carrier to CLAIMANT'S REPRESENTATIVE OR ATTORNEY					
fee to DOCTOR for attendance at hearing					

DECISION: Case was CLOSED. ACCIDENT, NOTICE AND CAUSAL RELATION ESTABLISHED TO BACK. AVERAGE WEEKLY WAGE OF \$115.80 ESTABLISHED. NO FURTHER DISABILITY.

If the WCB Case No. is preceded by "F", this decision is made under the Volunteer Firemen's Benefit Law, and the liable political subdivision is deemed to be the "Employer" of the volunteer fireman. In all other cases, this decision is made under the Workmen's Compensation Law.

C-23 (1-69)

SE Senior
Chairman

March 14, 1974

Supreme Court House
Appellate Division
Third Dept.
Albany, NY

Gentlemen;

I request to appeal my Workmens Compensation Case # 06733623
and case #06949981 to the Supreme Court Appellate .

I'am appealing on liable negligence and discrimination to
Workmens Compesantion Board , New York City, they have refuse
to pay me (on this case) plus Local Union 32B plan an agree-
ment . 06733623

For the pass four years , I have been unable to work , due to
this accident which cause me several injuries . It is impossi-
ble for me to work not even a limit work , WCB, have refuse to
acknowlegde my Xrays , repor from St. Lukes Hospital center ,
that is locate at 440 W. 114 St. New York, NY 10025.

I receive a notice for Nov. 18, 1973, Hearing state case #0694
9981 with hearing car #06733623 , next notice I receive was
for February 13, 1974 , hearing state case #06733623 was c'ose.
I understand 30 days is dead line on made an appealing that
will be February current 28 days.

I, send some copies to your attention and all the cooperation
in this matter will be greatly appreciated , please file my
appeal .

GEORGE GROSSMAN
NOTARY PUBLIC, STATE OF NEW YORK
No. 30-1587660 Qual. in Nassau Co.
Certificate Filed in New York County
Commission Expires March 30, 1975

Respectfully
James Pickens
57 W. 105 St.
New York, NY

10025



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
TWO WORLD TRADE CENTER
NEW YORK, N.Y. 10047

S. E. SENIOR
CHAIRMAN

March 22, 1974

Mr. James Pickens
57 West 105th Street
New York, New York 10025

Re: WCB #0673 3623
0694 9981


Dear Mr. Pickens:

We herewith return your notice of appeal dated March 14, 1974, received March 15, 1974, because under the provisions of Section 23 of the Workmen's Compensation Law, no appeal may be taken directly to the Appellate Division, Supreme Court, 3rd Department, from a Referee decision.

An "appeal" from the decision of a Referee is made by "application for review" before a panel of three (3) members of the Board. We have received also, your application for review. This has been excepted, and you will receive in due cause notice of hearing on your application.

Very truly yours,

OFFICE OF THE GENERAL COUNSEL
William Friedman

By: 
Charles E. Lucarini
Assistant Counsel

CEL:sd
Encl.



SLUKE'S HOSPITAL CENTER

Amsterdam Avenue at 114th Street, New York, N.Y. 10025

February 27, 1975

RECEIVED
BY

FEB 28 1975

DEPT. OF LAW
NEW YORK CITY OFFICE

Henry P. Lipscomb, Jr.
Assistant Attorney General
Department of Law
Two World Trade Center
New York, NY 10047

RE: Pickens, James
Hosp. #57-97-85

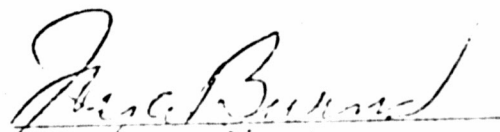
Dear Mr. Lipscomb:

In accordance with the request from the Workmen's Compensation Board received in December, 1974, the Medical Information section of our department sent medical-information requested.

In reviewing Mr. Picken's record, we find that we have complied with each request to the various agencies for medical information on his case, including a copy of same sent to Local 32B as requested in April, 1974, and acknowledged payment for same.

If, at receipt of this reply, the Workmen's Compensation Board still has not received the information sent by us, we will, of course, be pleased to send another abstract.

Sincerely yours,


Joyce Burns, Director
Medical Record File Department

JB/mh

Workmen's Compensation Board
Review Board
2 World Trade Center
New York, N.Y.

James Pickens
57 West 105 St. #1D
New York, N.Y. 10025
May 24, 1973

Cases # 06733623 - 06949981

My first concern is my prostatic enlargement which at times still pains me. I did have surgery on June 2, 1970. Workmen's Compensation Board only paid for part of my time lost due to surgery. They did not pay any doctor's Bills at all. P.S. Statement concerning my prostatic enlargement clearly, state W. C. B. have medical evidence, if it's not in my files someone have removed it.

This concerning my Hernia surgery May 19, 1967. My stay in the Hospital, as feeling was a good day and a bad day. After I came home my second day after eating lunch I laid down for 20 minutes, my stomach started feeling tight, I have had stomach trouble since. Two days after I came home from hernia surgery my prostatic started with light pains. After going back to work about 4 weeks later pains really started to get worse. I went to see doctor Anderson for treatment.

Doctor Lewis 940 Park Ave. N.Y.C. states in his report I had a hernia followed by prostatic enlargement. P.S. Notice after my back injury on June 12, 1969 my stomach got worse.

My back, stomach or prostatic trouble may or may not turn to cancer, at time I still pass blood especially if I walk too much.

A statement from W. C. B. dated October 6, 1970, states that C-4 medical report in file from St. Lukes Hospital, received August 19, 1970, indicates that treatment on the 1967 accident and continued throughout August 7, 1970. My case # 06733623, has been closed three times without a hearing. At a hearing before the Board Panel November 21, 1972, I mentioned my Local 32B plan. I said Mrs. Goodhart at Local 32B. union at 1 East 35 St. N.Y.C., said State Insurance Fund at 199 Church St. N.Y. is the one to pay for my 32B plan. W. C. B. panel said that they would study it. Notice of Board decision from November 21, 1972, statement dated December 29, 1972, in memorandum of decision mentioned Dr. Kraft's X-ray report, dated June 1, 1970. That report also states: "Frontal and left lateral view of the chest show a high diaphragm and transverse position of the heart, also tortuosity of the thoracic aorta as seen on May 6, 1970.

I appeal to be paid from March 29, 1971, plus a bonus award \$50.00 per week is not compensation pay.

My straight salary was \$122.80 per week, when I was working I averaged \$150.00 per week, which included overtime. Since then I have been offered a work supervisor's job with A. Beta Maintenance Co. At this time, if my health permitted, I could be making an average of \$200.00 a week.

P.S. W.C.B. refuse to acknowledge my X-ray report.

2/17/75 N.Y.C.

Yours Truly,


James Pickens



ST. LUKE'S HOSPITAL



WOMAN'S HOSPITAL

ST. LUKE'S HOSPITAL CENTER ☐ AMSTERDAM AVE. ST. 114TH ST.
NEW YORK, NEW YORK 10028

November 5, 1971

Covington, Grant, Howard
Hagood and Holland
Attorneys At Law
15 Columbus Circle
Suite 1600
New York, New York 10023

Re. James Pickens
Hosp. #57-97-85

Dear Sirs:

The enclosed information relating to the above-named patient is sent to you as requested by Mr. Pickens in his letter of November 1, 1971 to Medical Records, requesting that we send his medical history.

Your request for copy of the hospital bill has been referred to the Accounting Department. —

Very truly yours,

ST. LUKE'S HOSPITAL CENTER

Quilley H. Pearson *PKZ*
Medical Record Department
Information Section

encl. () Discharge Summary Dated
(X) Xerox Copies - Medical Records (84 pgs.)



SLUKE'S HOSPITAL CENTER

Amsterdam Avenue at 114th Street, New York, N.Y. 10025

November 12, 1973

Mr. Albert Anesh
Administrative Assistant
Bureau of Labor Services
61 Chambers Street
New York, New York 10007

Re: Pickens, James
Hospital # 57-97-85

Dear Mr. Anesh:

We are enclosing copies of the medical record showing Mr. James Pickens visits to the clinic after June 7, 1973 together with a copy of the Physiotherapy records in Rehabilitation Medicine.

Very truly yours,

William J. Pearson R.R.G.
Medical Record Department
Information Section

EVR/jr

SLUKE'S HOSPITAL CENTER

Amsterdam Avenue at 114th Street, New York, N.Y. 10025



April 16, 1973

Catherine C. Hafele, Secretary
State of New York
Workmen's Compensation Board
50 Park Place
New York, New York 10007

Re: Pickens, James
Hospital #57-97-85

WCB # 0694-9981 (0673-3623)

Dear Ms. Hafele:

Mr. Pickens is presently being treated at St. Luke's Hospital for arterio-sclerotic heart disease for which he is receiving Nitroglycerine, a small sliding hiatus hernia for which he is receiving Gelusil, and back pain for which he is receiving Tylenol.

His most recent electrocardiogram done December 15, 1971 was within normal limits. An upper gastrointestinal series done on February 16, 1972 showed a small sliding hiatus hernia with a pseudodiverticulum of the duodenal bulb. Lumbosacral spine film done March 14, 1972 showed no significant change from the previous film. There was minimal joint narrowing between L5 and S1, and there was minimal osteophyte formation of L1.

He was last seen in Orthopedic Clinic on March 29, 1973 at which time he was treated with Tylenol, and he was last seen in Medical Clinic on April 3, 1973 at which time he was continued on Gelusil and Nitroglycerine. He is appointed to return to Medical Clinic in July 1973 and to Orthopedic Clinic on April 19, 1973.

Very truly yours,

Medical Records Department
Information Section

JC:M.D./mp

Medical record reviewed by
& dictation by Dr. J. Curtis
Senior Resident Orthopedic Service

168-
NOV 1970

PATIENT: PICKENS JAMES HOSPITAL NO.: 57-97-35
DATE: _____ LOCATION: OPD
DOCTOR: _____ X-RAY NO.: _____ AGE: _____

ST. LUKE'S HOSPITAL CENTER — X-RAY REPORT

Upper Gastro-Intestinal Series

8/19/70

CLINICAL DATA: Post prandial epigastric discomfort.

Examination of the upper gastro-intestinal tract by means of a barium meal demonstrates the esophagus to be normal at fluoroscopy.

The stomach presents a normal pattern and normal peristalsis.

The duodenal bulb was difficult to fill and spastic. It was somewhat deformed. On two spot films there is a large projection of barium superiorly from the mid portion of the bulb measuring approximately 2 1/2 cm. in length X 4 mm. in width. On some spot films there is a suggestion of thickened fold radiated into this area, however, this is not a constant finding. This may represent a penetration from an old ulcer which is now surrounded by scarred tissue, however, the possibility of active ulceration cannot be strictly ruled out.

IMPRESSION: Deformed bulb which on several spot films demonstrates an out-pouching of barium superiorly. It is not clear whether this represents an old penetration or possibly acute ulceration. It is recommended that after an adequate interval on medical therapy a repeat upper gastro-intestinal series be performed.

bjc/20

ROGER HYMAN, M.D./19

WILLIAM I. SHAW, M.D.

Rd Hyman

M.D.



SLUKE'S HOSPITAL CENTER St. Luke's Hospital
Woman's Hospital
Amsterdam Avenue at 114th Street, New York, N.Y. 10025

July 17, 1973

Mr. Albert Anesh, Administrative Assistant
Office of the Mayor
Bureau of Labor Services
61 Chambers Street
New York, New York 10007

Re: Pickens, James
Hospital #57-97-85

Dear Mr. Anesh:

Mr. James Pickens - 57 West 105th Street, NYC - has come to the hospital asking us to send you the following information:

Mr. Pickens made visits to the Medical Clinic on April 18, 1972, May 30, 1972, July 6, 1972, August 8, 1972, September 5, 1972, September 26, 1972, November 14, 1972, January 9, 1973, and he came in on February 23, 1973 for a refill of his medications. In addition, Mr. Pickens has been seen in the Orthopedic Clinic on March 8, 1973, March 29, 1973, April 19, 1973, and June 7, 1973.

Very truly yours,

Quilpn P. Pearson RRG
Medical Records Department
Information Section

EVR:emp

PATIENT: PICKENS, JAMES HOSPITAL NO.: 57-97-85
DATE: LOCATION: CLK 6
DOCTOR: X-RAY NO.: AGE

ST. LUKE'S HOSPITAL CENTER — X-RAY REPORT

CHEST AND LUMBOSACRAL SPINE

6/1/70

CLINICAL DATA: BPH back pain.

Frontal and left lateral views of the chest again show a high diaphragm and transverse position of the heart, also tortuosity of the thoracic aorta as seen on 5/6/70. The lungs are clear and there is no pleural disease.

IMPRESSION: Chest findings essentially unchanged since 5/6/70.

Two frontal and two left lateral views of the lumbosacral spine show moderate thinning of the lumbosacral disc. Sacroiliacs are normal. There is moderate stasis in the colon with intestinal gas distention.

IMPRESSION: Moderate thinning of lumbosacral disc with wedging deformity.

ERNEST KRAFT
ERNEST KRAFT, M.D./2

ep2

M.D.



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD

ALBERT D'ANTONI
CHAIRMAN

OFFICE AT *Review B1*

DATE: *4/10/75*

JAMES PICKENS

57 WEST 105 ST

N.Y.C 10025 Apt #1D

Claimant's Soc. Sec. No.
Date of Your Correspondence
<i>2/3/75</i>

WCB Case No.	Carrier Case No. or Employer's Name	Claimant's Name	Date of Your Correspondence
<i>A6732423</i>		<i>Pickens James</i>	<i>2/3/75</i>

We acknowledge receipt of your correspondence dated above.

1. ☐ Your record will be secured and examined.
A reply will be forwarded to you as soon as possible.
2. ☐ Your case is being processed for hearing. You will
receive a formal notice of the date, time and place
of this hearing.
3. ☐ Your retainer is on file and your name has been
placed on notice.
4. ☒ Your case has been referred to our Review Bureau for
consideration of your application. They will advise
you of the action taken on your application.
5. ☐

WCB, 06949981

Your "W.C.B. Case No." is important. In all future correspondence please refer to the "W.C.B. Case No." above. It will help us to expedite the processing of future correspondence you send to us.

Workmen's Compensation Board

By

Unit

STATE OF NEW YORK WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S 48-HOUR REPORT

WCB CASE NO. (If known)	CARRIER CASE NO. (If known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED
	EXX 8190088-24	6/12/69 1 am	at work
INJURED PERSON	NAME James Pickens	AGE 57	ADDRESS 57 West 105th St. NYC
EMPLOYER	A. Beta Maintenance Co.		342 Madison Ave. NYC
INSURANCE CARRIER	State Insurance Fund		199 Church St. NYC

1. State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

HISTORY

While lifting a desk at work, patient noticed pain in lower back. Patient saw his own physician on 6/13/69 (Dr. Theodore Roosevelt Anderson). On 7/17/69 patient slipped on wet floor while at work at same address, and injured back again.

2. Is there a history of unconsciousness? ☐ YES ☒ NO If "Yes," for how long? Were X-Rays taken? ☐ YES ☒ NO
3. Was patient hospitalized? ☐ YES ☒ NO If "Yes," state name and address of hospital:
4. Was patient previously under the care of another physician for this injury? ☒ YES ☐ NO If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

DIAGNOSIS

5. Describe nature and extent of injury or disease and specify all parts of body involved:

Physical Examination reveals low back strain with low back tenderness and muscle spasm.

TREATMENT

6. Nature of treatment:
Physical examination, rest, heat/
Date of your first treatment:
8/4/69
If treatment is continuing, estimate its duration:
If treatment is not continuing, is this your final report? ☒ YES ☐ NO
If "Yes," state date of last treatment:
8-11-69

DISABILITY

7. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☒ NO
8. Is patient working? ☐ YES ☒ NO Is patient disabled? ☐ YES ☒ NO If "Yes," estimate duration of disability:

CAUSAL
RELATION

9. In your opinion, was the occurrence described above the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

REMARKS

10. Enter here additional information of value, requests for authorization, etc.:

10. (a) Medical testimony is occasionally required. If your testimony should be necessary in this case, please indicate the days of the week (and hours) most convenient to you for this purpose.

Dated 8/6/69	Typed or Printed Name of Attending Physician Robert E. Miller, MD	Address 57 E 93rd St. NYC 10028
WCB Pating Code SAC	WCB Authorization No. 211342	Telephone No. FIR-2928
		Written Signature of Attending Physician <i>Robert E. Miller</i>

C-43 (3-67)

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS
See Reverse Side

57 W. 105th St.
New York, N.Y. 10025
January 13, 1975


Mr. Albert D'Antoni, Chairman
Workmen's Compensation Board
2 World Trade Center
New York, N.Y. 10047

Mr. Chairman:

Again I am requesting an appointment with you. I am appealing to know whether you acknowledge my Union 32 B plan or agreement. This is my third appeal.

I am sending you a copy of a letter dated November 1, 1974. I sent the same letter back November 16, 1974. I am sending the same copy back. Copy of letter from St. Luke's Hospital, dated July 17, 1973 stated Medical evidence. Copy of notice dated July 18, 1973. Copy of my application dated March, 1974. Copy of letter from Mr. Charles E. Lucorini. According to his letter, my cases should have went back before the panel.

This letter will be sent registered mail. Return receipt requested.


James Pickens

New York, N.Y. 10013
Subscribed and Sworn to
JAN 14 1975





ALBERT D'ANTONI
CHAIRMAN

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
2 WORLD TRADE CENTER
NEW YORK, N. Y. 10047

CATHERINE C. HAFELE
SECRETARY

June 10, 1975

Case Nos. 06949981, 06733623
James Pickens v. A. Beta Maintenance Co.

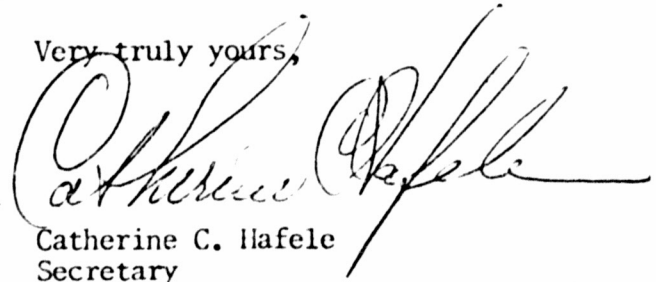
Mr. James Pickens
57 West 105th Street #1D
New York, N. Y. 10025

Dear Mr. Pickens:

This is to acknowledge receipt of your registered letter to Honorable Albert D'Antoni, Chairman of the Workmen's Compensation Board, dated May 23, 1975, concerning your workmen's compensation claims.

Please be advised that your correspondence has been referred to our Claims Bureau for appropriate attention.

Very truly yours,


Catherine C. Hafele
Secretary

CCH:ajf



ALBERT D'ANTONI
CHAIRMAN

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
2 WORLD TRADE CENTER
NEW YORK, N. Y. 10047

CATHERINE C. HAFELE
SECRETARY

May 19, 1975

Case Nos. 06733623 - 06949981
James Pickens v. A. Beta Maintenance Company

Mr. James Pickens
57 West 105th Street #1D
New York, N. Y. 10025

Dear Mr. Pickens:

This will acknowledge receipt of your letters, the latest of which is dated May 13, 1975, concerning your workmen's compensation claims.

Please be advised that I have forwarded your correspondence to our Review Bureau where the cases are presently pending review action on your prior appeal.

Very truly yours,

Catherine C. Hafele
Secretary

CCH:ajf



Metropolitan Life

One Madison Avenue
New York, N. Y. 10010

Mr. James A. Pickens
57 West 105th Street
New York 10019

Re Group 15079 - Certificate 261-10-9790

Dear Mr. Pickens

In order that we may give your claim for Waiver of Premium of the Death Benefit provision of your Group Policy our further consideration, it is necessary that we have the enclosed Statement 0347-A completed in full by your present attending physician.

A self-addressed envelope is enclosed for the convenience of the physician in sending this statement to us..

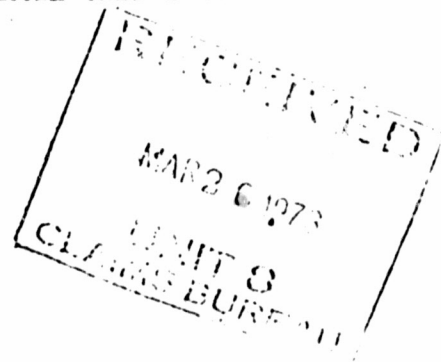
No determination will be made on this claim until this statement is received.

Yours truly

A. B. Bretsch, Assistant Approver
Group Life Claims Division
Total and Permanent Disability

June 12, 1972

AB:INU



Name of Insured

PICKENS JAMES A
BUILDING SERVICE WELFARE FUND

Date

3/14/72

3	APPROVAL NUMBER	GROUP NUMBER	CERTIFICATE NUMBER	AMOUNT OF INSURANCE			PROOF DATE		
	7254938	15079	261 10 9790	3	000	00 EB	6	6	72

This claim has been approved and the Life insurance will be continued as a death benefit subject to the terms of the Group policy.

JAMES A PICKENS
57 WEST 105TH STREET
NEW YORK N Y 10019

JULIUS KULMAN, Supervisor
GROUP LIFE CLAIMS DIVISION
TOTAL AND PERMANENT DISABILITY

BUILDING SERVICE WELFARE FUND
23 25 EAST 26TH STREET
NEW YORK N Y 10010

NOTICE OF DECISION

DATE OF HEARING 7/11/72	DATE OF THIS NOTICE 7/13/72 nww
*WCB Case No. 06733623	Date of Accident 4/6/67
Carrier Case No. 7476588-24	Carrier Code 01-24
Social Security Number 	
Claimant J. Pickens 57 W 105th St. New York City	
* Employer A. Beta Maint. 342 Madison Ave. NYC	
Fine & Finkelstein 11 Park Pl NYC	
Jacowitz & Silverman 44 Court St. Bklyn NY	

CLAIMANT

READ IMPORTANT INFORMATION
ON REVERSE SIDE.

If case was "Continued" and continuing payment was directed, it shall be made at the rate for the period stated and shall be continued thereafter until the employee or carrier has medical or payroll evidence of a change of condition and gives notice thereof to the Chairman, Workmen's Compensation Board, unless otherwise provided in the decision. A further hearing will be held in a "continued" case to determine the extent of further disability, if any.

After hearing on date stated above the following Decision and Award was made and duly filed this day.

AWARD: THE EMPLOYER AND/OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE

for disability over a period of			at rate per Week	the sum of	TO:
weeks	from	to			
			\$	\$	CLAIMANT
					LESS PAYMENTS MADE COVERING THIS PERIOD.
as lien on award payable by separate check by carrier to CLAIMANT'S REPRESENTATIVE OR ATTORNEY					
fee to DOCTOR for attendance at hearing					

DECISION: Case was Closed on previous findings and awards.

No causally related disability.

*I did not get no Awards
w.c.b. do have medical evidence -
James Pickens*

*If the WCB Case No. is preceded by "E," this decision is made under the Volunteer Firemen's Benefit Law, and the liable political subdivision is deemed to be the "Employer" of the volunteer fireman. In all other cases, this decision is made under the Workmen's Compensation Law.

SE Senior
Chairman



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
2 WORLD TRADE CENTER
NEW YORK, N. Y. 10047

CATHERINE C. HAFELE
SECRETARY

February 3, 1975

Case Nos. 06949981 - 06733623
James A. Pickens vs. A. Beta Maintenance Company

Mr. James A. Pickens
57 West 105th Street
Apartment 1-D
New York, New York 10025

Dear Mr. Pickens:

This will acknowledge receipt of your special delivery letter¹ dated January 27, 1975 to Honorable Albert D'Antoni, Chairman of the Workmen's Compensation Board, and attachments, concerning your workmen's compensation claims.

Please be advised that your correspondence has been referred to our Claims Bureau for appropriate attention.

Very truly yours,

Catherine C. Hafele
Secretary

57 West 105th Street - Apt. 1-D
New York, New York 10025
March 21, 1975

Case # 06733623
06949981

Mr. Albert D'Antoni, Chairman
Workmens Compensation Board
2 World Trade Center
New York, New York 10047

Dear Mr. D'Antoni:

I am in receipt of a letter from Mr. Charles E. Lucarini (photocopy attached). Please check into this matter for me. It has been over a year.

I filed an application March 14, 1974, letter dated March 22, 1974 from Mr. Lucarini stated your application for review. "This has been accepted and you will receive in due course notice of hearing on your application" Mr. Robert Osso and the review board has refused to acknowledge Mr. Lucarini letter. I request to know why? My reason for not going to the last hearing only one case 06949981 was listed.

I am requesting to know why case #06733623 have been closed 3 times without a hearing and no award was paid. I have a letter from WCB dated 3/26/73 stated: open pending cases. I am appealing to the Review Board to explain to me, letter dated 7/7/71 and notices dated 7/30/70, 12/30/70, 3/16/71, 6/2/71. Copy board order of restoral dated 10/6/70 stated: no medical evidence of casualty related to back. Then it stated: back injury of 6/12/69 compensation being awarded for 10 weeks.

These cases should have been settled in 1970. Please look over the following copies very carefully: report dated 2/8/72 from Doctor Lewis, 940 Park Avenue; memorandum of decision dated 11/21/72. I know WCB do have medical evidence now. I shall refer to Dr. Robert Osso letter dated 2/27/75 stating hospital records and xray report are not sufficient to prove casualty related to disability. This man must be kidding. Not a doctor in the world can tell what's wrong with a man without taking xrays. Copy of letter dated 12/21/71. Please note that someone is going to pay me according to my union 32B agreement. Final.

Letters and copies will be sent by registered mail requesting return receipt.

Very truly yours,

James P. Pickens
James Pickens

Mr. Charles E. Lucarini
Assistant Counsel
Workmens Compensation Board
2 World Trade Center
New York, New York

State of New York
County of New York

Sworn to and subscribe to before me this 21st Day
of March 1975

CHRISTINA C. CROGG
Notary Public, State of New York
No. 1-6651200
Qualified in Westchester County
Comm. filed with N.Y. Co. Ct. 2-7-75
Commission Expires March 21, 1978

W-33 ORTHOPEDIC
872-
had back pains most of the time, that he could not lift, carry or bend over, that he had pain when walking down stairs, that he gets pain in his chest, and that his stomach feels tight all the time and was also full and bloated. He took tablets before each meal together with Maalox, and also had heat treatments. In the disability report dated December 6, 1971, claimant stated that Dr. ~~Wesley~~ of St. Luke's Hospital told him that his back was going and that his stomach was too heavy for his back and not to lift anything. He was not supposed to eat fried food or raw fruit and had to sleep on a board with a heating pad. He further stated that he had chest pain frequently and any time he bent his body his chest hurt, that he also had stomach pain which was under control by medication and that he had pains only when he ran out of pills, and that he had back pain once or twice a week. It was noted that he was able to answer questions without hesitation but his limited education was observable in his conversation.

In a Report of Contact January 20, 1972, the claimant stated that he did not think that the evidence reflected his true condition because he was not able to do maintenance and porter work anymore, that his work was mainly as a porter and required quite a bit of exertion, and that he had pain in his back and stomach but the worst pain was in his chest which he described as almost constant. He stated he could not lie on his left side and that he had a severe attack of chest pain recently when he tried to wash out a few things. He was under treatment at St. Luke's Hospital and also at Columbia Presbyterian Hospital. He took several medications for his chest pain and back pain. He stated that walking on a grade sometimes caused worsening of the chest pain as did climbing subway steps.

The record contains clinical reports from St. Luke's Hospital and from Columbia Presbyterian Hospital since November 1969 covering a wide variety of complaints for which he was seen and medicated. A letter dated April 16, 1973, to The Workmen's Compensation Board stated that Mr. Pickens was being treated at St. Luke's Hospital for arteriosclerotic heart disease for which he was receiving nitroglycerin, a small sliding hiatus hernia for which he was receiving Gelusil and back pain for which he was receiving Tylenol. His most recent electrocardiogram done December 15, 1971, was within normal limits. An upper gastrointestinal series done on February 16, 1972, showed a small sliding hiatus hernia with a pseudodiverticulum of the duodenal bulb. Lumbosacral spine film done March 14, 1973, showed no significant change from the previous film. There was minimal joint narrowing between L5 and S1, and there was minimal osteophyte formation of L1. He was last seen in the Orthopedic Clinic on March 29, 1973, at which time he was treated with Tylenol, and he was last seen in the Medical Clinic on April 3, 1973, at which time he was continued on Gelusil and nitroglycerin. He was appointed to return to the Medical Clinic in July 1973 and to the Orthopedic Clinic on April 19, 1973.

Records of St. Luke's Hospital noted October 15, 1970, that he was being followed for lumbosacral pains, that he was using a lumbosacral brace and was quite comfortable, and that he should be able to do light duty, avoiding heavy lifting. He was under observation for intestinal complaints and a question of peptic ulcer disease was evaluated and he was placed on a regimen of six feedings of bland diet. It was noted February 22, 1972, that GI Series showed no active ulcer. On March 21, 1972, a small hiatus hernia was noted. It was noted in the Diet Clinic August 3, 1972, that the bland diet



S. E. SENIOR
CHAIRMAN

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
50 PARK PLACE
NEW YORK, N.Y. 10007

March 26, 1973

CATHERINE C. HAFELE
SECRETARY

Case No. 0694 9981 (0673 3623)
James A. Pickens v A. Beta Building Maintenance Co. Inc.

Mr. James A. Pickens
57 West 105 Street
New York, New York 10025

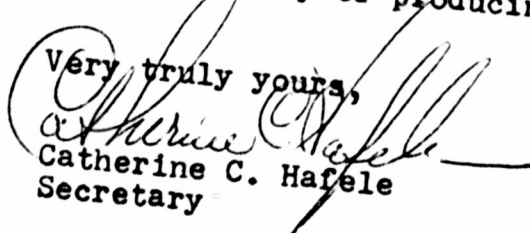
Dear Mr. Pickens:

Your letter to Honorable Nelson A. Rockefeller, Governor of the State of New York dated March 14, 1973 and attachments concerning your workmen's compensation claims were referred to me for attention and reply.

Our records indicate that this is the matter about which I wrote to you on numerous occasions, the latest on January 28, 1972. Subsequent thereto, your cases had the benefit of Referee hearings and a hearing before a Panel of three Board Members. In a decision filed on December 29, 1972, the Board found that you have no further causally related disability as to the right inguinal hernia in case number 0673 3623 and that you have a continuing causally related disability as to the back injury in case number 0694 9981. Accordingly, case number 0673 3623 was closed and case number 0694 9981 was continued to a Referee Calendar for appropriate award. Your subsequent request for reconsideration and reopening of case number 0673 3623 was denied by the Board and you were so advised by letter dated February 1, 1973. At the last hearing held in case number 0694 9981 on March 7, 1973, compensation was awarded from January 26, 1972 to April 6, 1972 at the rate of \$50.00 per week and the case was continued for the production of a medical report of causally related disability after April 6, 1972.

At the next hearing to be held in the open and pending cases, you and your attorney will be afforded an opportunity of producing your arguments and evidence.

Very truly yours,


Catherine C. Hafele
Secretary



S. E. SENIOR
CHAIRMAN

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
50 PARK PLACE, NEW YORK, N. Y. 10007
BOARD ORDER OF RESTORAL

7-4302
8/11/70
241-10-1190
Completed 12-10-70

W. C. B. Case No.	Carrier Case No.	Social Security Number	Date of Accident
(261-10-9790)			
06733623	7476 588-37		4/6/67
06949981	8190 088-24		6/12/69

Case #06733623 pertains to a right inguinal hernia and back claim of April 6, 1967 which was closed at hearing of August 26, 1970, in claimant's absence, the Referee finding no medical evidence of causal relationship to back. The Referee directed claimant's attorney to reopen case #06949981 with a C-4.

Case #06949981 refers to a back injury of June 12, 1969 which was closed at hearing of March 11, 1970, in claimant's absence, compensation being awarded for 10 weeks intermittent lost time to March 12, 1970.

C-4 medical report in file from St. Luke's Hospital received August 19, 1970 indicates treatment on the 1967 accident had continued through August 7, 1970.

Case # 06733623 is reopened and restored to Referee Calendar for consideration of further disability and treatment. Case #06949981 is to travel with case #06733623. Claimant must be present.

claimant:

James A. Pickens
67 West 105th St., APT. 1D
New York, New York 10025

employer:

A Bots Bldg. Maint. Co., Inc
342 Madison Avenue
New York, New York

carrier:

State Insurance Fund
199 Church Street
New York, New York

claimant's

Fine & Finkelstein, Esqs.
11 Park Place
New York, New York

attorney or

representative

SE Senior

Chairman

Take notice that the above order was
duly filed in the office of the Secretary
of the Workmen's Compensation Board
on this 6 day of OCT. 19 70

Catherine C. Hafek

Secretary

HARVEY H. LEWIS, M.D., F.A.C.S.

340 PARK AVENUE
NEW YORK, N. Y. 10028

PH 4-8715

February 8, 1972

Re: James Pickens
Emp: Abeta Maintenance Corp.
D/A: 6/12/69 - 4/6/67
WCB: 06949981
C.C. 8190088-24

To Whom It May Concern:

On January 26, 1972, I saw this
year old male in my office.

HISTORY: The patient has had two cases; both
of them are open. His first case
was a hernia followed by prostatic
enlargement. This was on April 6, 1967. The patient stated
that he had occasional protrusion of the hernia in the right
groin. He stated that following the first incident he has
had stomach trouble. The patient stated that he also had
heart trouble.

The second case was a low back problem.
He stated that his back is presently weak. He last worked on
March 19, 1970, and has not gone back to work because of his
back. Patient is a porter. He has no numbness. He has pain
in his back on coughing, sneezing and straining. He has pain
on bending, stooping, lifting and carrying. He stated that if
he bends over too much, he has pain in his back and stomach.

EXAMINATION: On physical examination, his hernia is all
right, and his hernial incision is holding
well.

He straight leg raises to 65° with a
bilateral positive Lasegue, piriformis stretch sign and Patrick's
sign. There is tenderness and spasm in the lumbar spine.
Reflexes are normal. There is no numbness and no weakness.

The patient has a corset.

The x-ray report from St. Luke's Hospital date
June 1, 1970, and July 26, 1971, show narrowing of the L-5, S-1
disc.

The patient apparently has an inguinal hernia on the right side which has been operated on and seems to be well healed. There does not appear to be any evidence of recurrence of the hernial protrusion. He also has a low back syndrome consisting of a collapse of the L-5, S-1 disc with low back derangement which presents as a chronic sprain of the low back with no radicular findings.

These injuries are causally related to their respective dates of accident.

The patient was referred for physiotherapy at Flower Hospital and was placed on Darvon Compound.

He is to be followed. He is disabled by virtue of his back.

He is in need of further medical attention.

His disability is permanent.

Very truly yours,


Harvey P. Lewis, M.D., F.A.C.S.

3-7-72
T.S.F.



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
Two World Trade Center, New York, N.Y. 10047

BOARD ORDER OF RESTORAL

JOSEPH D'ANTONI
CHAIRMAN

W. C. B. Case No.	Carrier Case No.	Social Security Number	Date of Accident
06733623) 06949981	819089		6-12-69

In a notice of decision filed February 14, 1974, the case was closed on prior findings and awards. Previously, accident, notice and causal relation were established for right inguinal hernia.

In an application filed August 22, 1974 the claimant requests reopening contending he is permanently and totally disabled and he is not being paid compensation and is still under treatment.

The record contains St. Luke's Hospital records filed April 25, 1973 which indicate the claimant was being treated for arteriosclerotic heart disease, a small sliding hiatus hernia and back pain, all of which were treated by medication.

On application on behalf of the claimant, the case is reopened and restored to the Referee Calendar for consideration of the questions of disability and treatment.

Referred to Examiner

LMC:69

Claimant:

James A. Pickens
57 W. 105th St.
New York, NY

Employer:

A Beta Maint. Co.
342 Madison Ave.
New York, NY

Carrier:

State Ins. Fund
199 Church St.
New York, NY 10007

Claimant's
Attorney or
Representative

Legal Appeals Unit
Bldg. WCB

Albert D. Antoni

Chairman

Take notice that the above order was
duly filed in the office of the Secretary
of the Workmen's Compensation Board
on this 26 day of Sept. 19 74

Catherine C. Hafele

Secretary

Claimant -
Dr. Lewis -

letterhead of St. Luke's Hospital record with respect to Pickens, James, there was UGI, on 3-16 or 2-16. I really can't make it out, but I am receiving it in any event. Results, small sliding hiatus hernia; pseudo-diverticulum of duodend bulb from previous peptic disease. Anything else you want to show me, Mr. Pickens?

A Well, you have it all, unless you want another copy.

Q No, no. Mr. Pickens, were you examined by Dr. Lewis?

A Yes, sir.

Q Why don't we let Dr. Lewis testify, Mr. Pickens?

A Fine with me.

Q Okay. So if you will step back and let me get the doctor in to testify, maybe we can get this thing moving a little bit.

D R. H A R V E Y H. L E W I S, being duly sworn, testified as follows:

BY THE REFEREE:

Q Would you state your full name and address.

A Harvey Lewis, 940 Park Avenue.

Q Doctor, are you a physician duly licensed to practice medicine in the State of New York?

A Yes.

Q From what medical school did you graduate and when?

A New York Medical College, 1950.

Q And do you have any professional affiliations, sir?

Pickens 6-19-72 9

Dr. Matles

THE REFEREE: Do you want to ask the doctor some questions?

THE CLAIMANT: Yes, I would like him to take a look at these x-rays.

D R. A. M A T L E S 59 East 78th Street,
New York, N. Y., being duly sworn, testified as follows:

THE REFEREE: Qualifications conceded?

MRS. GUNN: Yes.

BY THE REFEREE:

Q Doctor, did you examine this claimant?

A Yes, sir.

Q What day?

A 4/5/72.

Q And what kind of examination?

A Orthopedic examination, sir.

Q Can you tell us what your findings were?

A Therewere no objective findings. There was no supportive evidence subjectively of disability. It was my opinion the claimant was able to return to work.

Q Did he have any disability unrelated?

A He related pain in the heart, right- groin and prostate and stomach.

Q Did he have any symptoms to cover those parts?

A I didn't go into them, sir. The complaints were pain around the heart, occasional pain of the right groin

PATIENT'S NAME

S M T W T F S

RATE
\$ 85

BC/INS. NO.
AHS

SEND BILLS TO

PICKENS JAMES GUR

57 West 105 Street New York

HOSP. NO.

57-97-85

ADMITTED

5/31/70

A.M.

DISCHARGED

6/13/70

A.M.

P.M.

ST. LUKE'S HOSPITAL CENTER
AMSTERDAM AVENUE AT 114TH STREET
NEW YORK, N. Y. 10025

KINDLY RETURN THIS STATEMENT WITH YOUR ADMITTANCE

AMOUNT REMITTED

\$ 016

LOCATION

5615

REMARKS	DATE	EXPLANATION	CHARGES	CREDITS	BALANCE DUE
		UN158PHONE	* 1.00		* 1,795.52
		UN158 RMBED	* 595.00		* 1,737.52
		UN178 PHARM	* 8.00		* 1,795.52
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>THIS IS NOT A FINAL BILL NOT FOR INSURANCE USE</p> </div> <p>This was paid by Blue Cross</p> <p>SUBJECT TO BLUE CROSS APPROVA: \$1,793.64</p>					

ST. LUKE'S HOSPITAL CENTER
AMSTERDAM AVENUE AT 114TH STREET
NEW YORK, N. Y. 10025

PLEASE PAY
LAST AMOUNT
IN THIS COLUMN

CODE FOR CHARGES

RE EG IS PY
- PHOTOGRAPHY
- RADIOISOTOPE
- EEG
- REFUND

CT CRT
- RADIATION THERAPY
- CARDIOPULMONARY
- CYSTOSCOPY
- HEARING & SPEECH

ADM AD 110-68 - PRIVATE AMBULATORY

ALL BILLS PAYABLE UPON PRESENTATION. THIS STATEMENT INCLUDES ALL CHARGES REPORTED AS OF THE TIME THIS STATEMENT WAS PREPARED. ANY LATE CHARGES WILL BE INVOICED TO YOU ON A SEPARATE STATEMENT.

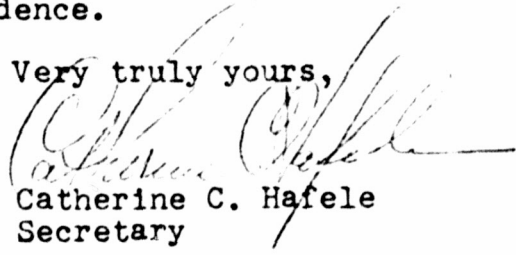
-2-

May 15, 1973

Case No. 06749981 (06733623)
James A. Pickens v A. Beta Building Maintenance Co. Inc.

At the next hearing to be held in the open and pending case,
Mr. Pickens and his attorney will be afforded an opportunity
of producing his arguments and evidence.

Very truly yours,


Catherine C. Hafele
Secretary

June 6th, 1972

James Pickens
57 West 105th, St.
New York, N.Y. 10025
WCB #06733623

Attorney General of the
State of New York
80 Centre Street
New York, New York

Dear Sir:

On May 22nd., 1970 at a hearing at 50 Park Place, New York City Part 17, I gave the Referee a notice stating that my Prostatic Condition. I informed him that I would be entering the Hospital for Prostatic Surgery and wanted to know if I would receive Compensation pay. The Referee said he had no information on this matter, a carrier sitting nearby did, and gave his papers to the Referee. I was then instructed by the Referee to get in touch with them when I entered the Hospital.

On August 26th. 1970, I attended another hearing at 50 Park Place Part 17, and gave the Referee papers stating my claim. He returned the papers to me, and told me to see my Lawyer. I went to see the Lawyer, a Mr. Fine & Finkelstein, 11 Park Place, and he informed me that he could handle only one of my cases. He instructed me to apply for Public Assistance, and informed me that he could furnish me with the name and address of a Doctor, and make an appointment to see him. At a later date, because of some differences of opinion and my refusal to drop my first case. Mr. Finkelstein informed me that he would not handle any of my cases. All other lawyers that I have contacted, in my opinion, are following the same line as Mr. Finkelstein.

I have 2 copies of Form C-4 which were taken from my record at 50 Park Place, Room 437. These forms state that my Prostatic Condition was connected with my April 6th 1967 injury, and were sent in by St. Lukes Hospital on June 23rd., 1970. There is also another date which is not clear on my copy, but which was sent in 1970. These forms constitute medical evidence. I have also a statement sent to me by Workmans Compensation Board on October 6th., 1970 informing me of the receipt of Copy C. 4 from St. Lukes Hospital on August 19th., 1970; indicating treatment on the 1967 injury and continuing through August 7th., 1970.

I know that my stomach trouble is caused by my April 6th., 1967 injury, and this is my reason why I will not consider dropping my first case.

Enclosed please find a passage from my Workmens Compensation Manual.

Your immediate attention and cooperation in this matter will be greatly appreciated.

Sincerely,

James Pickens

(James Pickens)

WILSON SCHWARTZ
NOTARY PUBLIC
STATE OF NEW YORK
No. 03-0878445
QUALIFIED IN BRONX COUNTY
COMMISSION EXPIRES MARCH 30, 1976

W. Schwartz

New York 24
MAY 15 1975
Schwartz and Sons Co
before me.

T. R. ANDERSON, M. D.
437 MANHATTAN AVE.
NEW YORK, N. Y. 10026
TELEPHONE UN 4-4258

Dear Mr. Pickens, my records
show that you were first
treated by me for a low back
complaint Sept 14, 1967. My diagnosis
at this time was Lumbago.
Treatment was continued up to 11/30/67 at
intervals. You were seen on
these dates Sep 14, 18, 1967
Oct 16, 23, 1967 Nov. 13, 30, 1967.
There was a prostatic congestion and if
you recall you were given Prostate
Massages at this time.

T. R. Anderson M.D.

T. R. ANDERSON, M. D.
437 MANHATTAN AVE.
NEW YORK, N. Y. 10026
TELEPHONE UN 4-4256

James Pickens -

Record of Treatment 1968-1969

4/28/68 Complaint: no appetite.
Exam: neg - medication B₁₂ Inf. + oral.

10/14/68 - Complaint - low back pain.
Treat. Continue to B₁₂

10/19/68 Continue B₁₂

10/26/68 " "

6/13/68 History of injury on job - "I was lifting
a desk and strained my back"

Diag: Strained Lumbar muscles.

Treatment: Diathermy 6/13, 6/16, 6/20, 6/24, 7/4/69

Returned to work 7/7/69.

No Further Contact.

7/18/69 J. R. Anderson m.d.
Patient slipped on wet floor.

Aggravates old back injury.

No Further Contact.

REPTER C 3 TIMES
NON REPTER

James Pickens
Diag: Strained
Lumbar
muscles
Sept. 14, 15,
Oct 16, 23,
Nov 13, 30

James Pickens
ADDRESS 57 W 101

Phone University 4-4256
T. R. ANDERSON
PHYSICIAN and
437 MANHATTAN AVE., cor. 118th St.
Office Hours 12, 6

57 W. 105th St.
New York, N.Y. 10025
January 13, 1975

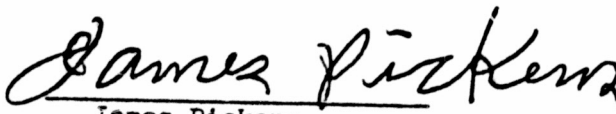
Mr. Albert D'Antoni, Chairman
Workmen's Compensation Board
2 World Trade Center
New York, N.Y. 10047

Mr. Chairman:

Again I am requesting an appointment with you. I am appealing to know whether you acknowledge my Union 32 B plan or agreement. This is my third appeal.

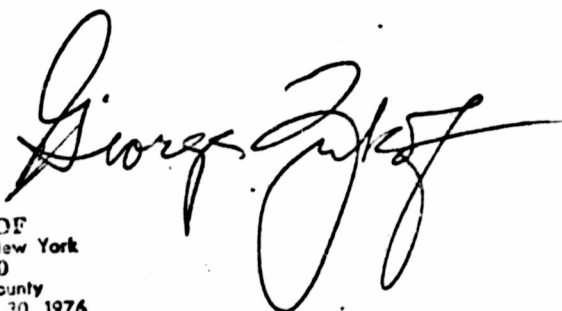
I am sending you a copy of a letter dated November 1, 1974. I sent the same letter back November 16, 1974. I am sending the same copy back. Copy of letter from St. Luke's Hospital, dated July 17, 1973 stated Medical evidence. Copy of notice dated July 18, 1973. Copy of my application dated March, 1974. Copy of letter from Mr. Charles E. Lucorini. According to his letter, my cases should have went back before the panel.

This letter will be sent registered mail. Return receipt requested.


James Pickens

New York, N. Y.
JAN 1 1975
Subscribed and Sworn to
before me.
JAN 13 1975

GEORGE ZUKOF
Notary Public, State of New York
No. 03-9814260
Qualified in Bronx County
Commission Expires March 30, 1976



PLACE	PART	DATE	TIME
3RD FLOOR 50 PARK PLACE, NEW YORK CITY	17	AUG. 26, 1970	3:30PM
WCB Case No. 0673 3623 3623	Date of Accident 4 6 67		
Carrier Case No. 7476588 27	Carrier Code 01-24		
Claimant JAMES PICKENS 57 W. 105 ST. NYC			
*Employer A. BETA MAINT. 342 MADISON AVE. NYC			
LOUIS A. KANTER 342 MADISON AVE. NYC			
W. 06949981 CLO. REF.			

CLAIMANT AND CARRIER SHOULD BE PRESENT AT HEARING AND PRODUCE NECESSARY EVIDENCE INDICATED BELOW, OTHERWISE, THE REFTEE MAY MAKE HIS DECISION BASED ON EVIDENCE IN THE FILE.

CLAIMANT
BRING THIS NOTICE WITH YOU. READ THE INFORMATION ON THE REVERSE SIDE. IT IS IMPORTANT.

TO CONSIDER:

- ☒ Period and extent of disability
☐ Rate of compensation
☐ Loss of earnings
☐ Carrier Penalty
☐ Accident - Notice to employer
☐ Causal relationship of accident to injury
- ☒ FURTHER CONSIDERATION. X

PURPOSE OF HEARING

TO HAVE CLAIMANT EXAMINED BY STATE PHYSICIAN FOR:

- ☐ Disability
☐ Facial Disfigurement
☐ Final Adjustment
☐ Treatment

EVIDENCE TO BE PRODUCED

BY CLAIMANT:

- ☐ Latest medical report from own physician
☐ Record of earnings since accident

BY EMPLOYER OR CARRIER:

- ☐ Payroll of claimant
☐ C-4 Final medical report
☐ Payroll of similar worker
☐ X-rays
☐ C-2, Employer's Report of Injury
☐ C-11 (Notice of claimant's return to work)
☐ Medical reports

☒ CLAIMANT TO OBTAIN ATTORNEY. +

For carrier firemen's benefit cases, the table policy subdivision deemed to be the "EMPLOYER" of the volunteer fireman.

☐ Hospital records

7-27X-SP

Dated:

C-16 (1-69) N.Y.C.

SE Senior
Chairman



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
50 PARK PLACE
NEW YORK, N. Y. 10007

S. E. SENIOR
CHAIRMAN

June 24, 1970

Mr. James Pickens
57 West 105th Street
New York, N. Y. 10025

RE: WCB #0673 3623

Dear Mr. Pickens:

Your registered letter to the Workmen's Compensation Board enclosing pharmacy bills, photocopy of Notice of Decision, C-3 form and payroll information has been referred to me as the permanent social worker on your case.

If you have the opportunity to come into the Social Service office, Room 518, I will be able to give you information regarding your compensation claim.

At the present time it appears that the referee has advised you to obtain an attorney and it also appears from a review of the compensation folder that you will have to submit medical reports from the doctor who is presently treating you.

The papers which you sent are not at all helpful for your compensation case, and if you will either come into the office or contact me by telephone, I will be able to explain this to you in full detail.

My telephone number is 488-2194.

Very truly yours,

Lillian Bitzes

LILLIAN BITSES
Social Worker
Social Service Unit
Rehabilitation Section

LB:mj

*I am returning
pharmacy bills*

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- X
JAMES PICKENS,

Plaintiff,

-against-

WORKMEN'S COMPENSATION BOARD OF THE
STATE OF NEW YORK,

Defendant.
----- X

:
:
:
: NOTICE OF MOTION

: 73 Civ. 3307 L.P.G.
:
:
:

S I R :

PLEASE TAKE NOTICE, that upon the complaint of
JAMES PICKENS, dated July 24, 1973 and the affidavit of
GENE B. MECHANIC, sworn to on the 4th day of February, 1974,
the undersigned will move this Court on the 19th day of
February, 1974 at the Court House in Foley Square, New York
City, before the Honorable Lee P. Gagliardi, at 4:00 p.m.,
for an order dismissing the complaint on the grounds that
it fails to state a claim upon which relief may be granted
and that the court lacks jurisdiction over the subject matter
of the complaint, Fed. Rules Civ. Proc., Rules 12(b)(1)
and (6), 28 U.S.C., and for such other relief as to the
Court seems just and proper.

Dated: New York, New York
February 5, 1974

Yours, etc.,

LOUIS J. LEFKOWITZ
Attorney General of the
State of New York
Attorney for Defendant
By: GENE MECHANIC
Office & P.O. Address
Two World Trade Center
New York, New York 10047
Tel. 488-3390

TO: JAMES PICKENS
57 W. 105 Street
New York, New York 10025

HOWARD
Notary Public
Qualified
January 1, 1974

UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF NEW YORK

JAMES PICKENS, Plaintiff

VS.

Workmens Compensation Board
State of New York 10047
2 World Trade Center Defendant
Secretary, Catherine Hafele

Action Number

73 CW 3307

Honorable Judge
Gagliardi

06733623

06948891

NOTICE OF APPEAL

TO

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

Notice is hereby given that James Pickens

above named, hereby appeals to the United States Court of

Appeals for the Second Circuit from the * June 24, 1974

Appeals to be paid according to my Union 32B Plan and agreement book if

pages 26, 27, 28, 29 is wrong I appeal. File libel suit against
union 32B, 1 East 35th. Street, New York, N.Y.

197

Notice to:

STATE OF NEW YORK
COUNTY OF NEW YORK
SWORN TO BEFORE ME
THIS DAY OF

Signed

James Pickens

HOWARD EPSTEIN
120 State of New York
County of New York
March 30, 1976

I APPEAL TO COURT NOT TO TAKE ANY ACTION UNTIL WORKMENS COMPENSATION BOARD
GIVES ME A HEARING.

I will send these copies to Union 32B. 1 East 35 St. New York, New York and
secretary Mrs: Catherine Hefeale, Workmen's Compensation Board. Two-World
Trade Center New York, New York 10047

* Insert whether order or final judgment,
or part thereof appealed from,

FORM C

UNITED STATES COURT OF APPEALS
SECOND CIRCUIT

CIVIL APPEAL PRE-ARGUMENT STATEMENT

(To be filed by appellant with Clerk of Court of Appeals and served on other parties within ten days after filing notice of appeal.)

CASE TITLE (Complete)

JAMES PICKENS,

Plaintiff

-against-

Workmens Compensation Board

Secretary Mrs. Hefele , Two World Trade Center

Secretary Mrs. Goodheart, Union 32B, 1 East 35 St

Defendants

(Attach additional sheets if space is not sufficient)

APPEAL FROM DISTRICT COURT

DISTRICT ▶ Southern

DISTRICT COURT DOCKET NUMBER ▶ 73-Civ. 3307

DATE FILED IN DISTRICT COURT ▶ MO. DAY YEAR
7- 23- 73

DATE NOTICE OF APPEAL FILED ▶ 6 - 24 - 74

RELATED CASE(S) ▶

Is this a cross appeal YES ☒ NO ☐

COUNSEL NAME

FOR APPELLANTS

James Pickens

ADDRESS

57 West 105th Street

Apt. 1-D

New York, New York 10025

TELEPHONE

FOR APPELLEES:

(Check One Box Only)

NATURE OF SUIT				METHOD OF DISTRICT COURT DISPOSITION	
CONTRACT	TORTS	CIVIL RIGHTS	ACTIONS UNDER STATUTES		
	PERSONAL INJURY	ACTIONS	CONSUMER CREDITS	PROPERTY RIGHTS	
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<input type="checkbox"/> BREACH OF WARRANTY	<				

BRIEF DESCRIPTION OF NATURE OF CASE AND RESULT BELOW:

Due to severe heart and back pains, stomach and arthritis trouble for the past 4 years, it is impossible for me to work, not even limited work. Copy from my Union 32B Insurance stated that I am totally and permanent disabled.

IF the United States District Court does not have jurisdiction over Union 32B and WCB, I will appeal to Albany.

ISSUES PROPOSED TO BE RAISED ON APPEAL:

Workmens Compensation Board have refuse to pay according to my Union 32B Plan and Agreement. Union 32B sent me to two (2) attorneys; both have refused to help on my case number 06733623 and Union Plan.

My opinion is somebody is being paid off. W.C.B. says they are there to help people and see to it that they get their hearing.
fair

I, Attorney for the Appellant, hereby certify that satisfactory arrangements have been made with the court reporter for payment of the cost of the transcript (FRAP 10 (b)). (Check one box)

I [](1) have already ordered the transcript to be prepared OR

☐ (1) have already ordered the transcript to be prepared. On _____

☐ (2) will order it to be prepared at the time required by the Staff Counsel in the implementation of the Civil Appeals Management Plan.

COUNSEL'S SIGNATURE _____

DATE 7/23/74

UNITED STATES DISTRICT COURT

CHAMBERS OF
JUDGE LEE P. GAGLIARDI
UNITED STATES COURT HOUSE
FOLEY SQUARE
NEW YORK, N. Y. 10007

May 10, 1974

Mr. James Pickens
57 West 105 Street
New York, New York 10025

Re: James Pickens v. Workmen's Compensation
Board of the State of New York

Dear Mr. Pickens:

Your case entitled James Pickens v. Workmen's Compensation Board of the State of New York, Civ. No. 73-3307, has been assigned to Judge Gagliardi.

The attorney for the defendant has made a motion to dismiss your complaint on the ground that this Court lacks jurisdiction over the subject matter of the action. The defendant's papers indicate that you were sent a copy of the motion. An answer from you was due on February 19, 1974, but no answer has been received.

If you intend to answer the defendant's motion please do so within 20 days. If you fail to answer the Judge will be obligated to decide the motion on the defendant's papers alone.

If you have any questions please contact Mr. Edward Chirkofsky, Pro Se Clerk, telephone number: 264-6518.

Sincerely,

Alan Levine

Alan Levine
Law Clerk to Judge Gagliardi

THE REFEREE: He's an orthopedist, and he says orthopedically there's nothing wrong with you.

THE CLAIMANT: You can't tell nothing about my back without taking x-rays. I'm telling you that. I got a report, x-ray, taken July 1971. This doctor tells that doctor -- he tells me don't do no lifting.

THE REFEREE: You have some problems, but they are not related to this accident.

THE CLAIMANT: Close it. I'll appeal to Albany.

THE REFEREE: No causally-related disability. Both cases are closed on previous findings.

THE CLAIMANT: You don't recognize the 32B agreement? Do you recognize it.

THE REFEREE: The agreement, yes; but it has nothing to do with us. They tell you even that's their opinion.

THE CLAIMANT: This here is a lie then (showing to Referee).

THE REFEREE: No, but it does not cover us. They are supposed to give you some money. They're ducking responsibility possibly.

THE CLAIMANT: So you don't pay my medical bills or nothing?

THE REFEREE: I can't do anything about it.

Pickens 7/11/72 4

P.S. When Referee said they're
Ducking responsibility possible.
Referee was says Union 32B
was the one to pay me on
32B agreement

James Pickens

Claimant -

State of New York dated June 6, 1972, received on June 19, 1972; copy of which I believe is already in this file. However, I am receiving another copy.

THE CLAIMANT: Thank you.

THE REFEREE: And I am marking this Claimant's Exhibit #2 for identification. There is also another document typewritten, purporting to be a caption in capital letters, "What Every Worker Should Know About New York State Off-The-Job Disability Benefits Program". Is this your signature?

THE CLAIMANT: That's right.

THE REFEREE: Allegedly signed by the claimant. I am receiving this, stamping it on the reverse side with the Workmen's Compensation stamp, marking it Claimant's Exhibit #3 for identification. I am also receiving a notice of rejection or claim for disability benefits which was handed to me by the claimant. That notice is dated July 30, 1970. That is being received as Claimant's Exhibit #4 for identification. Alright. Now, the issue before me at the present, Mr. Pickens, is you have an attorney here by the name of Rose Tischler. Let the record show that Mrs. Tischler is present in the room and seated along side of the claimant. Do you wish to have Mrs. Tischler represent you, yes or no?

THE CLAIMANT: No.

THE REFEREE: No, you do not. Mrs. Tischler, you

Pickens 6-19-72 3

Claimant -

Q (Int'g) Do you understand me, Mr. Pickens?

A I am going by a notice and I appealed for this hearing to be heard under 32B Plan.

Q What's that; a union?

A Yes.

Q Have you ever asked anybody from your union to represent you?

A Sure.

Q And what do they say?

A The Board--the name supposed to be listed. The names are not listed there.

Q I am not aware of that. Alright. What do you want me to do now?

A We will continue, sir.

Q Which case are we talking about, Mr. Pickens? You had two cases, right?

A Yes, sir.

Q You had a case in 1967 on April 6th. That was a hernia; was that not?

A That's right.

Q And as a result of that hernia, were you operated on, sir?

A I was, sir.

Q And after that, at any time did you go back to work?

A Yes, sir, I went back to work.

Q Okay, and did you receive--was that a single hernia or a double hernia?